



FOR OFFICE USE ONLY	
Projects: C <input type="checkbox"/>	E <input type="checkbox"/>
SB <input type="checkbox"/>	BL <input type="checkbox"/> SH <input type="checkbox"/> JT <input type="checkbox"/>

CLIENT REGISTRATION FORM

PERSONAL DATA

Last Name	First Name	Date of Birth (dd/mm/yy)	Gender:
Address (Number & Street)	Apt. No.	City	Province
Telephone Number	Message Number	Social Insurance Number	
Email Address:			
Are you in receipt of	Employment Insurance <input type="checkbox"/>	Canadian Pension Plan <input type="checkbox"/>	
	Social Assistance <input type="checkbox"/>	No Income <input type="checkbox"/>	
	Other (please list) <input type="checkbox"/>		
Social Assistance Office _____ OW Caseworker Name / Number: _____			
For Employment Insurance, who is your Employment Counsellor? _____			
Have you collected Employment Insurance in the past three years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you collected Maternity or Parental Benefits in the Past five years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long have you been unemployed?		Months _____	or Years _____
How long ago was it when you accessed a training program?		Months _____	or Years _____
Please list the type of training you have taken _____			
Are you a Post-Secondary student: Yes <input type="checkbox"/> No <input type="checkbox"/> Year Graduated HS: _____ OSSD <input type="checkbox"/> GED <input type="checkbox"/>			
Have you ever been convicted of a criminal offence for which a pardon has not been granted: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Housing: Rent: <input type="checkbox"/> Home Owner: <input type="checkbox"/> Transitional Housing: <input type="checkbox"/> Agency: _____ Shelter: <input type="checkbox"/> Agency: _____			

CHARACTERISTICS

Language Spoken	Language Written
English <input type="radio"/> French <input type="radio"/>	English <input type="radio"/> French <input type="radio"/>
Other <input type="radio"/> _____	Other <input type="radio"/> _____
Do you consider yourself	Status On-reserve <input type="radio"/> Status Off-reserve <input type="radio"/> Non-status <input type="radio"/>
	Inuit <input type="radio"/> Metis <input type="radio"/>
Status Card Registry Number (10 digits): _____	
First Nations Band _____ Province _____	
Referred By	Source _____ Contact Person _____ Telephone _____
Marital Status	Number of Dependents _____
Single <input type="radio"/> Married or equivalent <input type="radio"/>	
A person with a disability is one who, because of a long term or recurring physical or mental condition experiences difficulties in carrying out the activities of daily living.	
Do you require any accommodation in the workplace resulting from a disability as defined above.	
Yes <input type="radio"/> No <input type="radio"/>	
If yes, please describe requirement: _____	
Service Provided By _____ Telephone Number _____	
Transportation	Driver's License Type _____ Access to Transportation <input type="radio"/> Willing to Relocate <input type="radio"/>

CLIENT REGISTRATION FORM

EDUCATION

High School Grade or Equivalency Completed: _____	
College: Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/>	Discipline _____
Diploma: Yes <input type="radio"/> No <input type="radio"/>	Year Attained _____ Province of College _____
University: Year One <input type="radio"/> Year Two <input type="radio"/> Year Three <input type="radio"/> Year Four <input type="radio"/>	Discipline _____
Degree: Yes <input type="radio"/> No <input type="radio"/>	Year Attained _____ Province of College _____
Other Training Programs, Courses, Certificates, or License/Trade Certificates Achieved: _____ _____	

EMPLOYMENT SOUGHT

Work Preference 1	Years Experience
Work Preference 2	Years Experience

EMPLOYMENT HISTORY

Current or Last Employer Employer or Company Name	From	To
Job Title	Paid <input type="radio"/>	Volunteer <input type="radio"/>
First Previous Employer Employer or Company Name	From	To
Job Title	Paid <input type="radio"/>	Volunteer <input type="radio"/>
Second Previous Employer Employer or Company Name	From	To
Job Title	Paid <input type="radio"/>	Volunteer <input type="radio"/>

I verify that the information is complete and correct, and I understand it maybe subject to verification. Information on the client registration form is collected for the purpose of providing employment assistance. This information, when provided to Canada, is protected under Canada's Privacy Act and you have the right under the Privacy Act to obtain access to that information from Canada. I hereby authorize the release of any information contained in my application form.

Client Signature

Date