



FOR OFFICE USE ONLY	
Projects: C <input type="checkbox"/>	E <input type="checkbox"/>
SB <input type="checkbox"/>	BL <input type="checkbox"/> DD <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	Postal Code	
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"/>