



| | |
|--------------------------------------|-------------------------------------------------------------------------------------|
| 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: | |
| | | | | / / | | M <input type="checkbox"/> F <input type="checkbox"/> | |
| 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"/> |
| | | Inuit <input type="radio"/> | Metis <input type="radio"/> |
| | | Non-status <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

Client Name