



CLIENT REGISTRATION FORM

PERSONAL DATA

Last Name	First Name	Date of Birth (dd/mm/yy)			Gender:
			/		- M - F
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
 Social Assistance
 Other (please list)

Canadian Pension Plan
 No Income

Social Assistance Office _____ OW Caseworker Name / Number: _____

For Employment Insurance, who is your Employment Advisor? _____

Have you collected Employment Insurance in the past three years? Yes No
 Have you collected Maternity or Parental Benefits in the Past five years? Yes No

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 havetaken _____

Are you a Post-Secondary student: Yes No Year Graduated HS: _____ OSSD GED

Have you ever been convicted of a criminal offence for which a pardon has not been granted: Yes No

Housing: Rent: Home Owner: Transitional Housing: Agency: _____ Shelter: Agency: _____

CHARACTERISTICS

Language Spoken English <input type="radio"/> French <input type="radio"/> Other <input type="radio"/> _____	Language Written English <input type="radio"/> French <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 Dependants _____

Single Married or equivalent **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 No

If yes, please describe requirement: _____

Service Provided By _____ Telephone Number _____

Transportation

Driver's License Type _____

Access to Transportation Willing to Relocate **EDUCATION****High School Grade or Equivalency Completed:** _____**College:**Year One Year Two Year Three **Discipline** _____**Diploma:**Yes No

Year Attained _____ Province of College _____

University:Year One Year Two Year Three Year Four **Discipline** _____**Degree:**Yes No

Year Attained _____ Province of College _____

Other Training Programs, Courses, Certificates, or License/Trade Certificates Achieved:

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

I verify that the information is complete and correct, and I understand it may be 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.

By checking this box you are confirming your information and digital signature is correct.

Client Signature

Date