



<b>FOR OFFICE USE ONLY</b>	
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**

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b> (dd/mm/yy)	<b>Gender:</b>
<b>Address ( Number &amp; Street )</b>	<b>Apt. No.</b>	<b>City</b>	<b>Province</b>
<b>Telephone Number</b>	<b>Message Number</b>	<b>Social Insurance Number</b>	

**Email Address:** \_\_\_\_\_

Are you in receipt of  
 Employment Insurance  Canadian Pension Plan   
 Social Assistance  No Income   
 Other (please list)  \_\_\_\_\_

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  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 have taken \_\_\_\_\_

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**

<b>Language Spoken</b> English <input type="radio"/> French <input type="radio"/> Other <input type="radio"/> _____	<b>Language Written</b> English <input type="radio"/> French <input type="radio"/> Other <input type="radio"/> _____
<b>Do you consider yourself</b> 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 _____	
<b>Referred By</b> Source _____ Contact Person _____ Telephone _____	
<b>Marital Status</b> Single <input type="radio"/> Married or equivalent <input type="radio"/>	Number of Dependents _____
<b>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.</b>	
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 _____	
<b>Transportation</b> Driver's License Type _____ Access to Transportation <input type="radio"/> Willing to Relocate <input type="radio"/>	

# CLIENT REGISTRATION FORM

## EDUCATION

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

## EMPLOYMENT SOUGHT

<b>Work Preference 1</b>	Years Experience
<b>Work Preference 2</b>	Years Experience

## EMPLOYMENT HISTORY

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