



## 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  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>	<b>Language Written</b>
English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
Other <input type="checkbox"/> _____	

**Do you consider yourself**

Status On-reserve <input type="checkbox"/>	Status Off-reserve <input type="checkbox"/>	Non-status <input type="checkbox"/>
Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>	

Status Card Registry Number (10 digits): \_\_\_\_\_

First Nations Band \_\_\_\_\_ Province \_\_\_\_\_

**Referred By**

Source \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**Marital Status**

Number of Dependents \_\_\_\_\_

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

<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 o	Volunteer o
<b>First Previous Employer</b> Employer or Company Name	From	To
<b>Job Title</b>	Paid o	Volunteer o
<b>Second Previous Employer</b> Employer or Company Name	From	To
<b>Job Title</b>	Paid o	Volunteer o

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.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**