



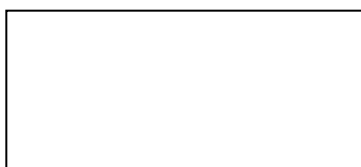
CLIENT REGISTRATION FORM

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 o

Willing to Relocate o