



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
Telephone Number	Message Number	Social Insurance Number	
		-	-

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 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 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: Own Market Rent Affordable Rent Living with Parents Couch Surfing Transitional Housing Shelter Homeless

CHARACTERISTICS

Language Spoken English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> _____	Language Written English <input type="checkbox"/> French <input type="checkbox"/>	
Do you consider yourself Status On-reserve <input type="checkbox"/> Inuit <input type="checkbox"/>	Status Off-reserve <input type="checkbox"/> Metis <input type="checkbox"/>	Non-status <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:**

Year Attained _____ Province of College _____

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

Year Attained _____ Province of College _____

Yes No **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	<input type="radio"/> Part-time	<input type="radio"/> Full-time
First Previous Employer Employer or Company Name	From	To
Job Title	<input type="radio"/> Part-time	<input type="radio"/> Full-time
Second Previous Employer Employer or Company Name	From	To
Job Title	<input type="radio"/> Part-time	<input type="radio"/> Full-time

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