

Tsuut'ina Nation

Bullhead Adult Education Centre
 9911 Chilla Blvd. TsuuT'ina, Alberta T2W-6H6
 Phone (403) 974 1400 Fax (403) 974 1449

CLIENT PERSONAL INFORMATION:

Social Insurance Number: _____ / _____ / _____ Title: Mr. Mrs. Ms. Miss Dr.

Full Name: _____
 Last First Middle Initial or Name

Gender: Male Female Date of Birth: _____ / _____ / _____ Age: _____
 Year Month Day

ABORIGINAL IDENTIFICATION:

First Nation Group: Treaty Status (registered) Non-Status Inuit Metis Non-Aboriginal Person

Treaty Status #: _____ Band Name: _____

First Nation Location: 6 7 8 Out of province Band Province: _____

Metis Location & Metis Number: _____

LEGAL IDENTIFICATION & INCOME:

Citizenship: Canadian Other: _____ Are you entitled to work in Canada? Yes No

Marital Status: Single Married Separated Divorced Widowed Common-law

Preferred Language: English French Other Spouse Name: _____

Are you currently in receipt or eligible for Employment Insurance (EI) (UIC)? Yes No

Have you received Employment Insurance (EI) (UIC) within the last 3 years? Yes No

Have you received (EI) maternity or parental benefits within the last 5 years? Yes No

Unemployed Employed: F/T P/T Medical SFI or EI SFI-less than 6 months

Band Funding Self Employed Child Welfare SFI-How Long? _____

(WCB) Worker's Compensation Student Loan/Grant AISH Recipient Other: _____

Do you consider yourself to be a person with a disability? Yes No

What is the nature of your disability or select a disability type? _____

mobility agility pain seeing hearing speaking memory learning

physical mental psychological developmental health problems

Explain how your disability affects achieving sustainable employment? _____

Dependents Name	Age	D.O.B.	Disability Yes/No	Details Of Disability

Must Provide Identification & Proof of Dependents Claiming

- Birth Certificates
- Status Cards
- Health Cards
- Child Tax Reports

REFERENCE INFORMATION ~ REFERRED BY:

Self Referred Social Services Child Welfare Advertisement

Family/Friend Internet Probation Office Newspaper

Aboriginal Agency: _____ Other: _____

ADDRESS INFORMATION:

How long have you resided at present address? _____ Years _____ Months

Address: _____
 Street Address Apartment/Unit #

_____ City Province Postal Code

CONTACT INFORMATION

E-mail Address: _____

Home Phone: () Cellular Phone: ()

Messages: () Emergency Call: ()

EDUCATION and TRAINING INFORMATION

Have you taken or are you taking a Federal or Provincial Training Program? Yes No (if yes answer the following)
 Life Skills Training Program Job Finders Club Other: _____

Course Title: _____ Where? _____
 Start Date: _____ End Date: _____

Highest Level of Education Completed: _____ **Year/Month/Day of Completion:** _____

Name of School *City, Province*
 Certificate Technical 1 year 2 years 3 years

Vocational Training: _____ **Year/Month/Day of Completion:** _____

Name of Training Institute, or Organization *City, Province*
 Diploma Bachelors Masters Engineering Other: _____

Post Secondary: _____ **Year/Month/Day of Completion:** _____

Name of College, University *City, Province*

Industrial Training _____ **Year/Month/Day of Completion:** _____

Name of Technical Institute, College, University *City, Province*

TRADE INFORMATION: YES OR NO

Specialized Trade: _____ Level: Apprentice 1st Yr 2nd Yr 3rd Yr 4th Yr Journeyman

Name of Trade School *City, Province Registered* *Date Registered*

OTHER CERTIFICATIONS: YES OR NO

- CSTS TDG First Aid Forklift H2S Ground Disturbance
- WHMIS Chainsaw CPR ATV Rider H2S Alive Emergency Fire Dispatch
- EMR EMT Firefighter Food Safety Confine Space Confine Space Entry
- Baby Sitter Fall Protection B.O.P. (P.I.T.S.) Overhead Crane
- List Other Tickets: _____

**Must Provide copies of Tickets that apply to above
 Even if ticket or certificate has expired**

LANGUAGE SKILLS:

	Very Good	Good	Average	Poor
Reading	○○○	○○○	○○○	○○○
Writing	○○○	○○○	○○○	○○○
Speaking	○○○	○○○	○○○	○○○
Listening	○○○	○○○	○○○	○○○

Language: Other _____

DRIVER'S LICENCE & TRANSPORTATION INFORMATION:

- Class 1 (any vehicle) Class 2 (Bus) Class 3 (3-axle plus) Class 4 (Taxi/Ambulance)
- Class 5 (2 axle, car, RV) Class 6 (motorcycle) Class 7 (Learners) Q-Air Endorsed
- Driver's Licence Suspension No Driver's Licence Province: _____ Expiry Date: _____

Driver's Licence # _____

Do you have a reliable vehicle for work? Yes No Do rely on public transit system for work? Yes No

Must provide copy of Driver's Licence if applicable

EMPLOYMENT INFORMATION:

Most Recent Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
 Hourly *Monthly* Reason For Leaving _____
 Start Date: _____ End Date: _____

2nd Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
 Hourly *Monthly* Reason For Leaving _____
 Start Date: _____ End Date: _____

3rd Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
 Hourly *Monthly* Reason For Leaving _____
 Start Date: _____ End Date: _____

EMPLOYMENT SOUGHT & BARRIER TO EMPLOYMENT INFORMATION:

Type: Full-time Part-Time Casual Self Employment Seasonal Other
 Duration: Permanent Temporary Seasonal Contract On Call Other

What type of work are you looking for? _____

How long have you been unemployed? _____ How long have you been actively seeking work? _____

Are you willing to relocate for work purposes? No Yes (Where) _____ Are you Bondable: Yes No

What is your career or training goal or aspirations? _____

Have you been convicted of a criminal offense, for which you have not been pardoned? Yes No

Do you have appropriate tools and safety equipment required for the work you are seeking? Yes No

CLIENT CONSENT TO DISCLOSE INFORMATION & SIGNATURE

I, _____, understand and consent to the disclosure and exchange of information between Aboriginal Futures Career & Training Centre (AFC&TC) and/or its representatives: Tsuu T'ina Nation-Bullhead Adult Education Centre (TTN-BAEC-LMDP), Service Canada, Alberta Employment Immigration (AEI), about the status and benefits of Employment Insurance, Income Support, Employment, Training Documents and personal information. I also authorize the disclosure and exchange of information between TTN-BAEC and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information that I have provided to the Tsuu T'ina Nation-Bullhead Adult Education Centre is true and accurate. Should I become a participant in a training program, I consent to the disclosure of my personal information to TTN-BAEC-LMDP for statistical analysis and to record this information into the KETO Database for statistical purposes as required by Service Canada.

In the event that I require funding for a skills enhancement intervention, this completed registration form #014 (3 pages) will be part of the application process, as required by Tsuu T'ina Nation-Bullhead Adult Education Centre-Labor Market Development Programs and/or contracted agents for project based training programs and individual funding requests.

Client Signature: _____ Today's Date: _____