

# Cariboo Chilcotin Aboriginal Training Employment Centre



Government of Canada  
Gouvernement du Canada

## CLIENT INTAKE FORM



<b>TRAINEE IDENTIFICATION / INFORMATION</b>			
Name: (Last) _____ (First) _____ (Initial) _____		SIN ( <i>MUST BE PROVIDED</i> ): _____	
Mailing Address: _____		Province: _____	Postal Code: _____
Telephone # _____	Email Address: _____		
Message # _____			
Birth Date: Day ____ Month ____ Year ____		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
<b>FINANCIAL / INCOME SUPPORT INFORMATION</b>			
Source of income: Employed <input type="checkbox"/> Employer: _____ Job Title: _____			
E.I. Employment Insurance <input type="checkbox"/> Federal Social Assistance (Band) <input type="checkbox"/>			
Provincial S/A (Town) <input type="checkbox"/> Disability Insurance (WCB) <input type="checkbox"/> Other (parents, pension, spouse) <input type="checkbox"/>			
Check one: Non-status: <input type="checkbox"/> Status: <input type="checkbox"/> Inuit: <input type="checkbox"/> Métis: <input type="checkbox"/> Non Aboriginal: <input type="checkbox"/>			
Band # (first 3 numbers of your status number): _____ Name of Band: _____			
Marital Status: Married / Common-law <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>			
Number of Dependents: _____			
Do you live: On-reserve <input type="checkbox"/> Off-reserve <input type="checkbox"/> On Other Reserve <input type="checkbox"/>			
Highest level of education completed: _____ Year Completed: _____			

I will advise CCATEC of any changes in the above written information.

Changes to entitlement of allowances and/or employment may be shared with the authorities providing and/or sponsoring my training or providing financial assistance.

I state that the information given above is true, correct, and complete to the best of my knowledge.

**I hereby authorize the Release and/or Exchange of all pertinent information regarding funding, sponsorship, address, attendance, progress/grades, admission, transcripts, and any other information that may pertain to my eligibility for programs or services to the Cariboo Chilcotin Aboriginal Training Employment Centre and/or its service providers.**

**I am aware that any photos taken may be used for and not limited for reporting purposes, promotional materials, programs, newsletters, electronic and printed materials, and news articles of the Cariboo Chilcotin Aboriginal Training Employment Centre or CCATEC service providers/agencies.**

\_\_\_\_\_  
*Name (please print)*

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

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

\_\_\_\_\_  
*Employment Coordinator Signature*