

# 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"/>			
<b>Check one:</b> 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: _____			
Language spoken: _____			
<b>Marital Status:</b> 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: _____			
<b>Do you live:</b> On-reserve <input type="checkbox"/> Off-reserve <input type="checkbox"/> On Other Reserve <input type="checkbox"/>			
<b>Highest level of education completed:</b> _____ Year Completed: _____			
<b>Barriers of employment:</b>			
Little to no work experience <input type="checkbox"/> Education <input type="checkbox"/> No transportation <input type="checkbox"/> No Daycare <input type="checkbox"/>			
Live in remote Community <input type="checkbox"/> No Driver's License <input type="checkbox"/> Language <input type="checkbox"/> Other <input type="checkbox"/> _____			

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.**

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

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

\_\_\_\_\_  
Date

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