

Cariboo Chilcotin Aboriginal Training Employment Centre



Government
of Canada

Gouvernement
du Canada

CLIENT INTAKE FORM



TRAINEE IDENTIFICATION / INFORMATION			
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"/>	
		Other <input type="checkbox"/> Prefer Not to Say <input type="checkbox"/>	
FINANCIAL / INCOME SUPPORT INFORMATION			
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: _____			
Language spoken: _____			
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: _____			
Barriers of employment:			
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