



Opaskwayak Education Services Inc.
Employment & Training
Client Intake Form

Personal Identification

First Name:	Visible Minority: ☐ Yes ☐ No
Last Name:	Marital Status: ☐ Single ☐ Married ☐ Divorced
SIN:	Number of Dependents:
Birthdate: (M/D/YEAR)	Immigration status: ☐ Yes ☐ No
Gender: ☐ Male ☐ Female ☐ Unspecified	Immigration Year:
Preferred Language: ☐ English ☐ French ☐ Indigenous ☐ Other:	

Disability:

☐ None ☐ Unspecific ☐ Developmental ☐ Learning ☐ Physical ☐ Visual ☐ Speech ☐ Hearing

Current Income Sources:

☐ Employed Employer:
☐ Full time ☐ Part Time ☐ Casual
☐ Not currently employed
☐ Receiving EI
☐ Receiving Social Assistance ☐ Provincial ☐ Band
☐ No current income
Have you received EI in the last 5 years? ☐ Yes ☐ No

Contact Information:

Phone Number:	Email Address:
Alternative Phone:	Fax:

Mailing Address:

Street/PO Box:	City/Town:
Province:	Postal Code:

Indigenous Affiliation:

Indigenous Type: ☐ Status ☐ Non-Status Indian ☐ Metis ☐ Inuit ☐ Non-Indigenous
Band Number 10 digit:

Highest level of Education Attained

Grade/Post-Secondary	School	Diploma/Certificate	Year

Reason for Visit

(OFFICE USE ONLY) Office Inputs

	☐ Input into ARMS Database
	☐ Input into Access Spreadsheets
	☐ Verified all required Information
	Signature: _____ Date: _____



P.O. Box 10370

Opaskwayak, MB R0B 2J0

Phone: (204) 627-7181

Fax: (204) 623-5316

Toll Free: 1-800-661-7981

Consent for Release of Information

I, _____, the undersigned, give my consent for OpaskwayakCree Nation, to release the information contained in this form regarding my participation in the ASETS/SPF program to HRSDC/Service Canada and Manitoba Keewatinowi O kimakanak Inc. I acknowledge the information is collected and administered in accordance with the Privacy Act and applicable to privacy laws, and that may be used to determine my eligibility for the ASETS/SPF program and provided to HRSDC/Service Canada for the evaluation and accountability of the ASETS/SPF program. Re: personal information; attendance records; time sheets; issue sheets; etc., related to my sponsorship/assistance from Opaskwayak Education Services Employment & Training

Please sign in the presence of representative from OES E&T:

I decline, client's signature

I accept, client's signature

Date

O.E.S. E&T Representative



EMPLOYMENT & TRAINING

Box 10370

Opaskwayak, Manitoba

ROB 2JO

Telephone (204) 627-7181

Fax (204) 623-5316

Toll Free 1-800-661-7981

Email: training@opased.com

"Employment Travel" Assistance Agreement

OES Employment & Training states that OES E & T can help a client with "Employment Travel Assistance" once every two (2) years, therefore, I will not be eligible for "Employment Travel Assistance" from OES E & T for the period of Two (2) years from the date of signing this agreement, pending status of funds available at this time. I understand a follow up with my employer is to be done 2 weeks after I have started my employment. I also understand that if I do not show up for the employment as stated on the employment confirmation, that I will be ineligible for further assistance (may include OES E&T sponsorship) from OES E & T for the period of two (2) years from the date of signing this agreement.

I, _____, treaty # _____, have received

\$ _____ (dollar amount) for Employment Travel Assistance from
OES Employment & Training for the current fiscal year.

Signature of Client

Employment & Training Representative*

Date: