Opaskwayak Educational Authority 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 Opaskwayak Cree Nation, to release the information contained in this form regarding my participation in the ASETS/SPF program to HRSDC/Service Canada and Manitoba Keewatinowi Okimakanak 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 Educational Authority Employment & Training

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

_____ _____

I decline, client's signature I accept, client's signature

_____ _____

Date O.E.A. 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

“Special Clothing" Assistance Agreement

OES Employment & Training states that OES E & T can help a client with “Special Clothing" once every two (2) years, therefore, I will not be eligible for "Special Clothing” 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 OEA Employment & Training for the current fiscal year.

_____

Signature of Client

_____ _____

Employment & Training Representative* Date: