

Opaskwayak Educational Authority Inc.
Employment & Training
Client Intake Form



Personal Identification

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

Disability:

<input type="checkbox"/> None <input type="checkbox"/> Unspecific <input type="checkbox"/> Developmental <input type="checkbox"/> Learning <input type="checkbox"/> Physical <input type="checkbox"/> Visual <input type="checkbox"/> Speech <input type="checkbox"/> Hearing

Current Income Sources:

<input type="checkbox"/> Employed Employer:
<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
<input type="checkbox"/> Not currently employed
<input type="checkbox"/> Receiving EI
<input type="checkbox"/> Receiving Social Assistance <input type="checkbox"/> Provincial <input type="checkbox"/> Band
<input type="checkbox"/> No current income
Have you received EI in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information:

Phone Number:	Email Address:
Alternative Phone:	Fax:

Mailing Address:

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

Indigenous Affiliation:

Indigenous Type: <input type="checkbox"/> Status <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> 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 type="checkbox"/> Input into ARMS Database
	<input type="checkbox"/> Input into Access Spreadsheets
	<input type="checkbox"/> 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