

Opaskwayak Educational Authority Inc.
Employment & Training
Client Intake Form



Personal Identification

SIN	Title: Ms/Mrs./Mr.(Please circle) Married/single
Surname	First Name
Middle Initial	Birthday: YYYY-MM-DD
Gender	Spouse Name: (for statistical purposes only)
EI: Yes <input type="checkbox"/> No <input type="checkbox"/> Social Assistance Yes <input type="checkbox"/> No <input type="checkbox"/>	OEA Sponsored/Assistance Yes <input type="checkbox"/> No <input type="checkbox"/>

Please Note: All Clients will be checked with OCN Social and Opaskwayak Educational Authority.

Preferred Language	Disability Please Specify
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Treaty or Status Number/Band	Employer (if currently employed)
Off Reserve: First Nation/Town/City, Province	Position/Fulltime/part time

Address: PO Box /Home Address/Email

Box Number/Address
Town/City
Postal Code
Email
Phone/Cell/Message Number

Drivers License

Class	Number	Province
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Education

Grade/Post Secondary	School	Diploma/Certificate	Year
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Reason for Visit

Daycare/Dependants



EMPLOYMENT & TRAINING

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, _____, hereby authorize the release of my personal information to Opaskwayak Education Authority Employment & Training, re: attendance records; time sheets; issue sheets; etc., related to my sponsorship/assistance from Opaskwayak

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



**INDIVIDUAL'S CONSENT TO DISCLOSURE
AND/OR USE OF PERSONAL INFORMATION**

PROTECTED WHEN COMPLETED - A

SIN

I, _____ X _____ X
(Name of individual) File / Identifying Number

DO HEREBY CONSENT TO THE DISCLOSURE AND/OR USE OF THE FOLLOWING ELEMENTS OF MY PERSONAL INFORMATION, SPECIFICALLY:

SOLELY FOR THE PURPOSE OF:

FOR WHICH PURPOSE MY PERSONAL INFORMATION HAS BEEN REQUESTED BY AND MAY BE DISCLOSED TO:

(Identify and address of the body or person authorized to receive and/or use this information)

Signature Date

I, _____, UNDERSTAND THAT MY REFUSAL, BY SIGNATURE BELOW, WILL NOT
(Name of individual)

RESULT IN ANY ADVERSE DECISION CONCERNING ME BY HUMAN RESOURCES DEVELOPEMENT CANADA

Signature Date

NOTE: THE OWNER OF THE PERSONAL INFORMATION SPECIFIED ABOVE HAS THE RIGHT TO EXAMINE AND TO
REQUEST CORRECTION, OF THE RECORDS WHERE HELD BY A CANADIAN GOVERNMENT INSTITUTION.



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

"Short Course Program" Assistance Agreement

OEA Employment & Training states that OEA E & T can help a client with "Short Course Assistance" once every year, therefore, I will not be eligible for "short course assistance" from OEA E & T for the period of One (1) year from the date of signing this agreement, pending status of funds available at this time. I understand I must provide OEA E&T with a completion certificate, in order to be eligible for the next "short course assistance". I understand that if I do not provide OEA E & T with a completion certificate I will be ineligible for further assistance (may include OEA E&T sponsorship) from OEA E & T for the period of two (2) years from the date of signing this agreement.

I, _____, treaty # _____, have received

\$_____ (dollar amount) for Short Course Assistance from

OEA Employment & Training for the 2016/17 fiscal year.

Signature of Client

Employment & Training Representative *

Date