

**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.



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Opaskwayak, Manitoba  
ROB 2JO  
Telephone (204) 627-7181  
Fax (204) 623-5316  
Toll Free 1-800-661-7981  
Email: [training@opased.com](mailto:training@opased.com)

### "Employment Travel" Assistance Agreement

OEA Employment & Training states that OEA 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 OEA 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 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 Employment Travel Assistance from

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

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Employment & Training Representative \*

\_\_\_\_\_  
Date