



## ISSET CLIENT REGISTRATION FORM



<b>NAME</b>	_____	<b>SOCIAL INSURANCE NUMBER</b>	_____
<b>ADDRESS</b>	_____	<b>DATE OF BIRTH</b>	_____

Male \_\_\_\_\_ Female \_\_\_\_\_

### STATUS

Treaty #: \_\_\_\_\_

Band: \_\_\_\_\_

Non-Status \_\_\_\_\_ Métis \_\_\_\_\_ Inuit \_\_\_\_\_

### CONTACT NUMBERS

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

### FAMILY INFORMATION

Single \_\_\_\_\_ Married/Common Law \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Ages: \_\_\_\_\_

Are you currently in receipt of EI? No  Yes  If Yes, Start Date: \_\_\_\_\_

Have you worked fulltime over the last 6 months? No  Yes

Have you received EI over the last 3 to 5 years? No  Yes

Are you currently in receipt of Social Assistance? Yes  No  If Yes, Start date \_\_\_\_\_

Do you have any health or disability issues that would have an effect on your employment and/or training? No  Yes  Specify: \_\_\_\_\_

Do you consider yourself a Person with a Disability? No  Yes  Specify: \_\_\_\_\_

Are you taking any medication that would have an effect on your employment and/or training? No  Yes  Specify: \_\_\_\_\_

### EDUCATION

Upgrading Level: \_\_\_\_\_ G.E.D. \_\_\_\_\_

High School: Grade Completed: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Post Secondary: Certificate \_\_\_\_\_ Diploma \_\_\_\_\_ Degree \_\_\_\_\_

Name of Program: \_\_\_\_\_

Location: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Technical (including apprenticeship)

Name of Program: \_\_\_\_\_

Location: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Certificates WHMIS \_\_\_\_\_ Expiry date: \_\_\_\_\_

First Aid / CPR \_\_\_\_\_ Expiry date: \_\_\_\_\_

H2S \_\_\_\_\_ Expiry date: \_\_\_\_\_

Other certificates (specify): \_\_\_\_\_

\_\_\_\_\_

Drivers License: No  Yes  License class: \_\_\_\_\_ Province: \_\_\_\_\_ License #: \_\_\_\_\_

EMPLOYMENT HISTORY				
NOTE - Please provide 2 years worth of employment history				
	Most Recent Employer	Second Most Recent	Third Most Recent	Fourth Most Recent
Company				
Job Title				
Start date				
End Date				
Wages				
Reason for leaving				

### Employment Status

Employed \_\_\_\_\_ Self-Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Student \_\_\_\_\_

What type of work are you most qualified for at the present time?	1st Option: _____
	2nd Option: _____
How long have you been unemployed?	
How long have you been actively seeking work?	
What is your long term career goal?	

### Training Needs

What are your training/employment needs at the present time?
Safety Tickets:
Short Term Courses:
Trades:

This written Agreement includes a requirement on the part of the individual to repay the amount of any financial assistance to which the individual is not entitled to. The amounts that the individual is not entitled to include: (i) payments made to the individual in error (ii) payments made in costs in excess of the amount actually incurred by the individual for those costs, and (iii) payments that were used for costs that were not eligible for reimbursement under the agreement with the individual.

A provision stipulating that payment of any financial assistance under this agreement is subject to the availability of the funds provided by Service Canada to the Recipient and that payment of financial assistance may be cancelled or reduced in the event that Canada cancels or reduces its funding to the Recipient.

The information you provide on this form is collected under the authority of the Privacy Act of Canada and the Alberta Freedom of Information and Protection of Privacy Act. Individuals have the right to protection of, and access to, their own personal information. Instructions for obtaining personal information are available by contacting the HRDC Coordinator Western Cree Tribal Council #104, 9802 97 Avenue, Grande Prairie AB, T8V 7K2

**CLIENT AUTHORIZATION FORM** (to be completed by the client and /or legal representative)

I, the undersigned, have read and understand this form. I acknowledge that the information provided by me is accurate. I authorize Western Cree Tribal Council to collect, verify and supplement the information requested in this form.

Signature: _____	Date: ____/____/____ Day Month Year
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**If signing on behalf of a client:** I am the client's Parent  Guardian  Legal Representative

First name (please print): \_\_\_\_\_ Initial \_\_\_\_\_ Family Name \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Signature: \_\_\_\_\_

**For Office Use Only**

APPROVED: YES ___ No ___	Approved by: Linda Belcourt - HRD Coordinator
Date: _____	Signature: _____

**ACTION PLAN**

**FOR**

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Start Date: \_\_\_\_\_

The undersigned hereby agree that an Action Plan has been developed by the service organization and the service recipient. Both parties commit to making their best efforts to implement this Action Plan in full.

**Commitment of the Case Manager**

As your Case Manager, I will follow up with you to make sure this plan helps you reach your goal(s).

\_\_\_\_\_  
Joanne Gontar

Date: \_\_\_\_\_

**Commitment of the Client**

I commit to carry out the activities and interventions of my plan. I also authorize an exchange of information on progress between the Service Providers who help me with my action plan and their funders.

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

Date: \_\_\_\_\_