



BLOOD TRIBE EMPLOYMENT & SKILLS TRAINING CLIENT REGISTRATION FORM



CLIENT PERSONAL INFORMATION:

Social Insurance Number: _____ / _____ / _____ Title: Mr. Mrs. Ms. Miss Dr.

Full Name: _____
Last First Middle Initial or Name

Gender: Male Female Date of Birth: _____ / _____ / _____ Age: _____
Year Month Day

ABORIGINAL IDENTIFICATION:

First Nation Group: Treaty Status (registered) Non-Status Inuit Metis Non-Aboriginal Person

Treaty Status #: _____ Band Name: _____

First Nation Location: 6 7 8 Out of province Band Province: _____

LEGAL IDENTIFICATION & INCOME:

Citizenship: Canadian Other: _____ Are you entitled to work in Canada? Yes No

Marital Status: Single Married Separated Divorced Widowed Common-law

Preferred Language: English French Other Spouse Name: _____

Are you currently in receipt or eligible for Employment Insurance (EI) (UIC)? Yes No

Have you received Employment Insurance (EI) (UIC) within the last 3 years? Yes No

Have you received (EI) maternity or parental benefits within the last 5 years? Yes No

Unemployed Employed: F/T P/T Medical SFI or EI SFI-less than 6 months
 Band Funding Self Employed Child Welfare SFI-How Long? _____
 (WCB) Worker's Compensation Student Loan/Grant AISH Recipient Other: _____

Do you consider yourself to be a person with a disability? Yes No

What is the nature of your disability or select a disability type? _____

mobility agility pain seeing hearing speaking memory learning
 physical mental psychological developmental health problems

Explain how your disability affects achieving sustainable employment? _____

How many dependent children do you have residing with you? _____ Ages: 0-5 6-10 11-15 16-18

REFERENCE INFORMATION ~ REFERRED BY:

Self Referred Social Services Child Welfare Advertisement
 Family/Friend Internet Probation Office Newspaper
 Aboriginal Agency: _____ Other: _____

ADDRESS INFORMATION:

How long have you resided at present address? _____ Years _____ Months

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

CONTACT INFORMATION

E-mail Address: _____

Home Phone: () _____ Cellular Phone: () _____

Messages: () _____ Emergency Call: () _____

EDUCATION INFORMATION

Have you taken or are you taking a Federal or Provincial Training Program? Yes No (if yes answer the following)
 Life Skills Training Program Job Finders Club Other: _____

Course Title: _____ Where? _____

Start Date: _____ End Date: _____

Highest Level of Education Completed: _____ Year/Month/Day of Completion: _____

Name of School

City, Province

Certificate Technical 1 year 2 years 3 years

Year/Month/Day

Vocational Training: _____ of Completion: _____

Name of Training Institute, or Organization

City, Province

Diploma Bachelors Masters Engineering Other: _____

Year/Month/Day

Post Secondary: _____ of Completion: _____

Name of College, University

City, Province

Year/Month/Day

Industrial Training _____ of Completion: _____

Name of Technical Institute, College, University

City, Province

TRADE INFORMATION: YES OR NO

Specialized Trade: _____ Level: Apprentice 1st Yr 2nd Yr 3rd Yr 4th Yr Journeyman

Name of Trade School

City, Province Registered

Date Registered

OTHER CERTIFICATIONS: YES OR NO

CSTS TDG First Aid Forklift H2S Ground Disturbance
 WHMIS Chainsaw CPR ATV Rider H2S Alive Emergency Fire Dispatch
 EMR EMT Firefighter Food Safety Confine Space Confine Space Entry
 Baby Sitter Fall Protection B.O.P. (P.I.T.S.) Overhead Crane

List Other Tickets: _____

LANGUAGE SKILLS:

Language: English Reading Writing Speaking Listening

Language: French Reading Writing Speaking Listening

Language: Other _____ Reading Writing Speaking Listening

DRIVER'S LICENSE & TRANSPORTATION INFORMATION:

Class 1 (any vehicle) Class 2 (Bus) Class 3 (3-axle plus) Class 4 (Taxi/Ambulance)

Class 5 (2 axle, car, RV) Class 6 (motorcycle) Class 7 (Learners) Q-Air Endorsed

Driver's License Suspension No Driver's License Province: _____ Expiry Date: _____

Do you have a reliable vehicle for work? Yes No Do you rely on public transit system for work? Yes No

EMPLOYMENT INFORMATION:

Most Recent Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving
 Start Date: _____ End Date: _____

2nd Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving
 Start Date: _____ End Date: _____

3rd Employer

Employer: _____ Supervisor: _____
 Job Title: _____ Hours worked per a week: _____
 Rate of Pay: \$ _____ \$ _____
Hourly Monthly Reason For Leaving
 Start Date: _____ End Date: _____

EMPLOYMENT SOUGHT & BARRIER TO EMPLOYMENT INFORMATION:

Type: Full-time Part-Time Casual Self Employment Seasonal Other
 Duration: Permanent Temporary Seasonal Contract On Call Other

What type of work are you looking for? _____
 How long have you been unemployed? _____ How long have you been actively seeking work? _____
 Are you willing to relocate for work purposes? No Yes (Where) _____ Are you Bondable: Yes No
 What is your career or training goal or aspirations? _____
 Have you been convicted of a criminal offense, for which you have not been pardoned? Yes No
 Do you have appropriate tools and safety equipment required for the work you are seeking? Yes No

CLIENT CONSENT TO DISCLOSE INFORMATION & SIGNATURE

I, _____, understand and consent to the disclosure and exchange of information between Blood Tribe Employment & Skills Training (BTEST) and/or it's representatives: Community Futures Treaty 7-Labour Market Development Program (CFT7-LMDP), Service Canada, Alberta Employment Industry & Immigration (AEII), about the status and benefits of Employment Insurance, Income Support, Employment, Training Documents and personal information. I also authorize the disclosure and exchange of information between BTEST and any service providers or individuals that are involved in assisting me to complete my client action plan to verify that the information that I have provided to BTEST is true and accurate. Should I become a participant in a training program, I consent to the disclosure of my personal information to BTEST for statistical analysis and to record this information into the KETO Database for statistical purposes as required by Service Canada.

In the event that I require funding for a skills enhancement intervention, this completed registration form (3 pages) will be part of the application process, as required by Blood Tribe Employment & Skills Training and/or contracted agents for project based training programs and individual funding requests.

Client Signature: _____ **Today's Date:** _____