Blood Tribe Employment & Skills Training
Client & Counsellor Roles & Responsibilities
P.O Box 319, Standoff, AB. T0L 1Y0
Telephone: (403) 737-8149
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CLIENT & COUNSELLOR ROLES AND RESPONSIBILITIES

As a Client, I Declare That:	Client's Understanding:
✓ The Information provided on this application (all schedules) is true and accurate; ✓ I will notify Blood Tribe Employment & Skills Training (BTEST) in writing if I change my address, living arrangements, marital, financial or academic status and dependents at home; ✓ I will use any financial assistance towards the cost of my training; ✓ I am not receiving any financial assistance from a source not disclosed in this application. **I Agree To:** ✓ Return any refunds and any unused financial assistance if I withdraw from full-time studies; ✓ Provide information or documents requested by BTEST to verify and statements made in this application or pertinent to training. **I understand that the following expectation must be met in order to ensure that I continue to receive funding;** ✓ I will attend all my scheduled classes/work placement ✓ I will try my best to pass all of my classes; ✓ I will maintain contact with my case manager; ✓ Absences are permitted in exceptional circumstances only; and that it is my responsibility to make the instructor (school) aware of any legitimate absences; ✓ I will not condone or engage in any form of harassment. **Client Confirmation of Disclosure & Registration:** Have you completed and signed BTEST Client Registration Form? ☐Yes ☐No Have you signed the BTEST Client Consent to Disclose Information Form? ☐Yes ☐No	**I am aware of and understand the following:** ✓ The process that will be used by Blood Tribe Employment & Skills Training to determine which employment assisted programs and/or services will be of the greatest assistance to me in preparing for, obtaining or maintaining employment; ✓ I am committed to working through this process with my counsellor; ✓ I also understand that completing the BTEST Client registration form is only the first step of the process and that sponsorship will not directly result from the completion of this form. **As a Counsellor, I Declare That:** ✓ It is my professional responsibility to act in the best interest of the client at all times; ✓ I will limit my counselling services and practices to those that are within my professional competence; ✓ I will refer the client to an appropriate service provider if the client's needs exceed my level of competence; ✓ I will strive to understand and respect diversity of the client, including differences related to: age, ethnicity, culture, gender, religion, sexual orientation and socio-economic status; ✓ As a counsellor, I will only participate in practices which are respectful of the legal, civic, and moral rights of others and act to safeguard the dignity and rights of the client; ✓ I will provide accurate, current and relevant information to the client in a timely fashion; ✓ I will strive to maintain my client's confidentiality; ✓ I will maintain a comprehensive record of activities associated with our counselling relationship; ✓ I will not condone or engage in any form of harassment.

In the event that we are unable to contact you, BTEST requests that you provide the name and phone of a contact person, who is not living with you. The provision of this contact information is voluntary and by providing this information, you are agreeing that we may use it for the purposes indicated below:

- ✓ If we need to speak to you and are unable to reach you during your training period.
- ✓ For follow-up purposes to see if the training has been helpful to you in attaining employment.
- ✓ For audit purposes.

Last Name (contact person)	***First Name***	( ) ***Telephone Number***

I, _____, (print client's name) **declare that my case manager has reviewed these roles and responsibilities with myself on _____** (date) **and that I understand and agree to them.**

Client Signature (in blue ink)	***Case Manager Signature (in blue ink)***

Information that is collected from you is done so under the authority of the Aboriginal Human Resources Development Agreement and is in accordance and governed by the Protection of Personal Information Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIP).