



# Client Intake Application Form

Social Insurance Number _____/_____/_____		First Name & Middle Initial _____		Family Name _____		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Marital Status: <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated		Number of Dependents _____ Age of Dependents _____		Date of Birth Day ___ Month ___ Year ____ Age _____		Employment Status: Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/>	
Language preference: English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify): _____							
Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status <input type="checkbox"/> Non-Aboriginal <input type="checkbox"/> Status <input type="checkbox"/>							
Metis Membership Number _____ MMF Local _____ MMF Region _____							
Address _____			City/Town _____			Postal Code _____	
Email Address _____				Home/Cell Number _____			
Have you previously been sponsored by the MMF or other funding agency for any training in the past?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, for which program? _____		Start date: _____ End date: _____	
At present your income is provided by: Employment <input type="checkbox"/> Student Finance <input type="checkbox"/> Other (specify): _____							
Are you currently receiving Employment & Income Assistance (EIA) benefits? If yes, name of worker _____ Office Location _____						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently receiving Employment Insurance (EI) benefits or have you recently applied? Have you received EI within the last three years? (Reachback)						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you received maternity or paternity benefits within the last five years?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have access to childcare?						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any health problems we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____							
Do you consider yourself to be a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____							
Do you need any special equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____							
Highest Level of Education Attained							
Primary / Secondary (Grade): _____		Year Attained: _____		Diploma or GED Received? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Institution: _____				Location: _____			
If you have attended Post-Secondary studies did you obtain a: Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/>							
Name of Course attended: _____				Program Length: _____			
If you are currently attending Post-Secondary studies please provide: Name of institution: _____ Expected completion date: _____							
Are you a certified tradesperson? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, in which Trade? _____							
Yes Certificates / Tickets:							
First Aid/CPR: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: _____		WHMIS: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: _____			
Transportation of Dangerous Goods Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: _____		Safe Food Handling Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: _____		Chainsaw Safety Yes <input type="checkbox"/> No <input type="checkbox"/> Expiry Date: _____			
Other: _____						Expiry Date: _____	
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		License Class: _____		Air Endorsed?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have access to a vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Computer Skills: Word <input type="checkbox"/> Outlook <input type="checkbox"/> Excel <input type="checkbox"/> Powerpoint <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>							

**EMPLOYMENT HISTORY**

	Most Recent Employer	2nd Most Recent	3rd Most Recent
Company Name			
Job Title			
Address			
City/Province			
Type of Employment	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Term <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Term <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Term <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/>
Start Date			
End Date			
Reason for Leaving			
Are you currently actively looking for work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How long have you been unemployed and actively job searching? _____			
What type of work are you looking for? (1st Choice) _____ (2nd Choice) _____			
Employment Sought: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Term <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/>			
Are you willing to relocate for employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to which communities: _____			

**REQUEST FOR TRAINING ASSISTANCE**

Program/Course Applying For: _____
How did you find out about our programs? _____
What school/training institution are you planning to attend? _____
What other schools offer this type of course/training? _____
What is the length of the training? Start: _____ End: _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Why do you wish to take this particular course/training? _____ _____
What would be restraining you from getting employment or accessing training? _____ _____
What are your short-term goals? _____
What are your long-term goals? _____
Why do you feel you would be a good candidate for sponsorship/training? _____ _____
What type of job will you be seeking if you successfully complete training? _____ _____

Provide any other information you may wish to add that you feel will assist in the assessment of your application. \_\_\_\_\_

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**CONSENT TO DISCLOSE PERSONAL INFORMATION**

In this form, we ask you to provide certain information about yourself. The information is collected under the authority of the Aboriginal Skills and Employment Training Strategy Metis Funding Agreement between Employment and Social Development Canada and the Manitoba Metis Federation. In order for the Manitoba Metis Federation and its affiliates to assist you accordingly, we require that you disclose all information as requested above.

In addition, the information you provide may be used to conduct program evaluations, research, statistical analysis, and plan for future services. This will help determine the effectiveness of our programs and services, and to fulfill our mandate and contractual obligations to Employment and Social Development Canada.

The Manitoba Metis Federation and its affiliates can only collect, use and disclose your personal information as permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). FIPPA also gives you the right to see and obtain copies of records from us with some limits.

I acknowledge that by providing my signature, I am granting the Manitoba Metis Federation and its affiliates the exclusive release of this information for purposes of referral to training and referral to employment with prospective employers, and that all information submitted on this registration form is to be true and complete. I also understand that the personal information collected will solely be used to help me access employment services and benefits designed to help me prepare for, obtain, and maintain employment.

I hereby authorize the disclosure to the Manitoba Metis Federation and its affiliates any information provided above. I also relinquish all rights (legislated or otherwise) for the use of this information for purposes related to promoting and marketing my credentials as provided above. I hereby release and discharge the Manitoba Metis Federation and its affiliates from any and all claims and liabilities relating to my training and job search.

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Name Initial Family Name DD MM YYYY

Signature: \_\_\_\_\_