



Anishinabek Employment and Training Services
 277 Park Ave
 Thunder Bay, Ontario
 P7B 1C4

CLIENT REGISTRATION

PROTECTED WHEN COMPLETED

OFFICIAL USE

FILE NUMBER:

FIRST NATION ALLOCATION:

OPTION:

A - CLIENT DATA

Social Insurance Number		SOURCE OF FUNDS:	
Last Name Maiden Name (if applicable)			
First Name			
Address			HRDC FILE #:
City / Town	Province Postal Code		
(Area Code) Telephone Number(s)			
Email Address			
Date of Birth (dd/mm/yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Female		AGE:
Aboriginal Group: <input type="checkbox"/> Registered <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit			YOUTH:
Name of Band	Do you live on reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Band #			
Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify: _____		INTERVENTION CODE	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/> Widowed			
Number of children (living with you)			
Language (s) Spoken			
Educational Attainment: Highest Grade Completed			
Education Province (where did you go to school)			
What was the occupation of your last job		PRIOR N.O.C.:	
The following questions relate to your participation and source of funding			
What is your start date on this program		DURATION IN DAYS:	
When do you expect to finish this program			
What is the title of the skill or occupation for which you are being trained		INTERVENTION N.O.C.	
Is childcare needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is childcare funded <input type="checkbox"/> Not applicable; <input type="checkbox"/> FNICCI; <input type="checkbox"/> EI/CRF; <input type="checkbox"/> Provincial funding or subsidy; <input type="checkbox"/> No funding received; <input type="checkbox"/> Daycare space not available; <input type="checkbox"/> Assisted by family/self-funded			
Source of income		C/P:	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed			
Social Assistance Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Insurance (EI) Benefits <input type="checkbox"/> EI Claimant > Gross Weekly Rate _____ Number of weeks entitles _____ <input type="checkbox"/> Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years) <input type="checkbox"/> Non-Insured Client			
Other: <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
Barriers to Employment - Check all that apply			
<input type="checkbox"/> None <input type="checkbox"/> Lack of Labour Force Attachment <input type="checkbox"/> Remoteness <input type="checkbox"/> Lack of Work Experience <input type="checkbox"/> Language <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Education <input type="checkbox"/> Lack of Marketable Skills <input type="checkbox"/> Economic <input type="checkbox"/> Physical Emotional or Mental Health <input type="checkbox"/> Dependent Care <input type="checkbox"/> Other (specify): _____		P.O. Or E.C.	

Under the Privacy Act the personal information collected on this form may be accessed by the participant.

The information is kept on file at the AETS office.

Signature of Participant	Date
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