



PROTECTED WHEN COMPLETED

285 Red River Road
Thunder Bay, ON
P7B 1A9

CLIENT INFORMATION FORM

Social Insurance Number		Date of Birth (dd/mm/yyyy)	
Last Name		Middle Initial	First Name
Mailing Address			Postal Code
City/Town	Province	Home Phone	
Email		Cell Phone	
Indigenous Group ☐ Registered Indian ☐ Metis ☐ Non-status Indian ☐ Inuit			
Gender ☐ Male ☐ Female ☐ Unspecified			
Marital Status ☐ Married or equivalent ☐ Separated ☐ Single ☐ Divorced ☐ Widowed			Number of dependent children (living with you)
Name of Band		Is child care needed? ☐ yes ☐ No	
Living on Reserve ☐ Yes ☐ No		Do you consider yourself to be a person with a disability? If yes, please specify. ☐ Yes ☐ No	
Languages Spoken ☐ English ☐ French ☐ Ojibway ☐ Other:			
Employment Status at intake ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Student			NOC CODE:
Education Level at intake ☐ No formal education ☐ Up to Grade 7-8 ☐ Grade 9-10 ☐ Grade 11 or 12 incomplete ☐ University - Bachelor Degree ☐ Some Post-Secondary ☐ Secondary School Diploma/GED ☐ Apprenticeship/Trades certificate or diploma ☐ College, CEGEP, or other non-university certificate or diploma ☐ University certificate or diploma ☐ University - Masters ☐ University - Doctorate			
Trades (Including Heavy Equipment)		Level/Red Seal	Specialization Years Experience
1			
2			
CERTIFICATES (First Aid/WHMIS/Fall Arrest/Chainsaw/Customer Service/Food Safety)			
Certification	level	Registrar	Expiry date
1			
2			
Are you ready, willing and available for work/training? ☐ Yes ☐ No			
If yes, what type of employment? ☐ Full Time ☐ Part time ☐ Seasonal ☐ Self-employed ☐ Contract			
Are you willing to relocate? ☐ Yes ☐ No			
Working shiftwork? ☐ Yes ☐ No			
Hourly wage expectation? ☐ min wage ☐ min wage - \$20 ☐ Over \$20			
Clean criminal record? ☐ Yes ☐ No ☐ Not Sure			
Valid passport? ☐ Yes, Expiry Date _____ ☐ No			

Volunteer work:			
Computer/Technology Skills:			
☐ Microsoft Word	☐ Microsoft Excel	☐ Powerpoint	☐ Email/Internet Search
☐ Office Phone Systems	☐ GIS	☐ Other: _____	
Physical Capabilities:			
☐ Sitting	☐ Standing	☐ Lift Over 50 lbs	☐ Walking ☐ Outdoor Work
Licences (Class)	Number	Province	Expiry date
1			
2			
TRADITIONAL/CULTURAL SKILLS: (Trapping, Hunting, Fishing, Beading, Painting, Carving, Woodworking)			
EMPLOYMENT HISTORY starting from most recent work experience, please list employment history:			
Employer	Job Title	Dates	Reason for leaving
1			
2			
3			
SOURCE OF INCOME <i>at intake</i>			
Employment	☐ Yes	☐ No	
Ontario Works Recipient	☐ Yes	☐ No	
Employment Insurance (EI) Benefits	☐ Yes	☐ No	
☐ Reach-Back Client (on EI in the last 3 years or on Special Benefits in the last 5 years)			
☐ None	☐ Other _____		
Barriers to Employment - Check all that apply			
☐ None	☐ Education	☐ Other _____	
☐ Remoteness	☐ Lack of Work Experience	☐ Physical, Emotional or Mental Health	
☐ Language	☐ Lack of Work Transportation	☐ Lack of Labour Force Attachment	
☐ Economic	☐ Lack of Marketable Skills	☐ Dependant Care	
Action Plan Start Date <i>today's date</i>		(dd/mm/yyyy) :	
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.			
By electronically signing this document you agree that this electronic signature is the legally binding equivalent to your handwritten signature.			
Signature of Participant:			Date

**HEAD OFFICE:**

Biigtigong Nishnaabeg
2 Rabbit Drive
PO Box 220
Heron Bay, ON
P0T 1R0

SATELLITE OFFICE:

Suite 210 - 250 Park Avenue
Thunder Bay, ON
P7B 1C2

BRANCH OFFICE:

(Mailing Address)

523 Algoma Street North
South Wing, Box #4, 3rd Floor
Thunder Bay, ON
P7A 5C2

Tel: 807-346-0307

Fax: 807-346-0310

Email: aets@aets.org

CONSENT TO THE RELEASE OF INFORMATION

As sponsoring agent, Anishinabek Employment and Training Services (AETS) may require the exchange of information regarding intervention duration, attendance, academic performance, or the exchange of support information with trainers or other community partners.

I, _____ consent to the release of information between any representative of the Anishinabek Employment and Training Services and representatives of the following agencies, with respect to my educational, training or employment-related activities:

- All AETS programs and services
- First Nation Community _____
- Indigenous Skills Employment and Training Agreement Holder _____
- Social Assistant Recipient: Yes ☐ No ☐
If yes, please indicate: ☐ Ontario Works (OW) ☐ Ontario Disability Support Program (ODSP)
- Employment and Social Development Canada;
- Training Institution: _____
- Other: _____
- Photo/image Release-I grant AETS the right to photograph, record, and use the product of these images or recordings of me for AETS promotional purposes. I am over 18 years of age: Yes ☐ No ☐
- I consent to the disclosure and use of my personal information dealing with current or dormant Employment Insurance (EI) claims, for the purpose of establishing EI eligibility for EI supports and measures
- AETS will hold your information confidential between parties noted above, except in the following circumstances:
 - If you give us permission to share information with others who can assist you
 - We believe that you present a risk of harming yourself, or others (we are obligated to respond)
 - We are required by law to release information

Print Name: _____ Signature: _____

Witness: _____ Date: _____