

Client Intake Application Form

(To be completed by all clients)

A: PERSONAL INFORMATION

Social Insurance Number	First Name & Middle Initial	Family Name
____/____/____	_____	_____
Date of Birth: ____/____/____	Age: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>
Marital Status: Single <input type="checkbox"/> Single Parent <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married or Equivalent <input type="checkbox"/>		
Dependents: Number of Dependents: _____ Age of Dependents: _____ Child Care Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what is your Child Care need: Provincial Funding or Subsidy <input type="checkbox"/> Funding <input type="checkbox"/> Available Day Care Space <input type="checkbox"/>		
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): _____		
Indigenous Group: Metis <input type="checkbox"/> Metis Citizenship #: _____ MMF Local: _____ MMF Region: _____		
Contact Information Address: _____ City/Town: _____ Postal Code: _____		
Email Address: _____ Home/Cell Number: _____		
Funding Source: Have you previously been sponsored by the MMF for any training in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, for which program? _____ Start Date: _____ End Date: _____		
Income Source: 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? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: EIA Worker Name: _____ EIA Office Location: _____ Are you currently receiving Employment Insurance (EI) benefits or have you recently applied? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you received EI within the last five 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"/>		
Health Status: Do you have any health concerns we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate: _____		

Do you consider yourself to be a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate: _____		

Do you require any special equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate: _____		

B: EDUCATION & SKILLS

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 Diploma Degree Bachelors Degree Masters Degree

Name of Course attended: _____ Program Length: _____

If you are currently attending Post-Secondary studies please provide:

Name of Institution: _____ Program of Study: _____

Certificates / Tickets / Skills:

WHMIS: Yes If yes, Expiry Date: _____

First Aid/CPR: Yes If yes, Expiry Date: _____

Chainsaw Safety: Yes If yes, Expiry Date: _____

Safe Food Handling: Yes If yes, Expiry Date: _____

Transportation of Dangerous Goods: Yes If yes, Expiry Date: _____

Other(s): _____ Expiry Date(s): _____

Are you a certified Tradesperson? Yes If yes, in which Trade? _____

Do you have a valid driver's license? Yes No If yes, License Class: _____ Air Endorsed?: Yes No

Do you have access to a vehicle? Yes No

Computer Skills: Do you have experience using: Excel Internet Outlook PowerPoint Word Other: _____

C: EMPLOYMENT HISTORY

Employment	Most Recent Employer	2nd Most Recent	3rd Most Recent
Company Name			
Job Title			
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			

D: SERVICE REQUESTED

What would be restraining you from accessing employment or training? _____

What do you see as your barriers to Employment or Training (Please check all that apply)

- Lack of labour force attachment Lack of work experience Lack of transportation
Language Education Financial Child care Lack of marketable skills
Physical, emotional, or mental Lack of Valid Identification Remoteness None

Type of Service Requested:

- Job Search Assistance *If checked, please proceed to section E*
- Sponsorship & Training Assistance *If checked, please proceed to section F*
- Youth Programming *If checked, please proceed to section G*

E: JOB SEARCH ASSISTANCE

How long have you been unemployed? _____

Are you currently actively looking for work? Yes No How long have you been actively job searching? _____

What type of work are you looking for? (1st Choice) _____ (2nd Choice) _____

Employment Sought: Full-time Part-time Term Seasonal Casual

Are you willing to relocate for employment? Yes No If yes, to which communities: _____

When completed please proceed to page 4, G: Consent to Collection & Disclosure of Personal Information

F: SPONSORSHIP & TRAINING ASSISTANCE

Program/Course applying for: _____

How did you find out about our programs? _____

What Institution are you planning to attend? _____

What other Institutions offer this type of Program? _____

What is the length of the training? Start Date: _____ End Date: _____ Full Time Part Time

Why do you wish to take this particular program? _____

What are your short-term goals? _____

What are your long-term goals? _____

Why do you feel you would be a good candidate for training assistance? _____

What type of employment 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 for training assistance: _____

When completed please proceed to page 4, G: Consent to Collection & Disclosure of Personal Information

G: CONSENT TO COLLECTION & DISCLOSURE OF PERSONAL INFORMATION

In this form, we ask you to provide certain information about yourself. This information is collected under the authority of the Indigenous Skills and Employment Training Program (ISETP) 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, referral to employment, and training opportunities with prospective employers, and partners; 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 Day Month Year

Signature: _____