



GRAND RIVER EMPLOYMENT & TRAINING INC.

"Opening Doors to Our People"

BASIC CLIENT INTAKE FORM

Please help us to serve you better by keeping your information current.
NOTE: Additional information may be required at your next appointment.

This form must have a completed "Client Consent and Release of Information" form attached, to be valid.

PERSONAL IDENTIFICATION

S.I.N.:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		
Last Name:	First Name:		
Middle Name:	Common Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (M-D-Y)		
Citizenship: <input type="checkbox"/> North American Indian <input type="checkbox"/> Other	Marital Status:		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Other	Spouse's Name:		
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents:		
Source of Income: <input type="checkbox"/> Employed <input type="checkbox"/> E.I. <input type="checkbox"/> Social Assistance <input type="checkbox"/> Other	Age of Dependents:		
Status Number (10 Digit):	Residency: <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-Reserve		
E-mail Address:	Name of Reserve: <input type="checkbox"/> Six Nations <input type="checkbox"/> Other: (specify)		
Place of Residency (R.R. # / Blue # / Street #, Road / Street name):		Mailing Address (if different than Place of Residency):	
City/Town/Village:	City/Town/Village:	R.R. # / P.O. Box:	
Province/State:	Postal Code:	Province/State:	Postal Code:
Contact: Primary Phone: ()	Emergency Contact: () Name: Relationship:		

EDUCATION INFORMATION

Level(Grade 12, GED, College, Univ.)	Diploma, Degree:	Institute:	Area of Study:	City:	Date Completed: (M-D-Y)
1					
2					
3					

Language Skills (English, Cayuga, Mohawk, etc): **VG**-Very Good, **G**-Good, **A**-Average, **P**-Poor

English:	Read: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Write: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Listen: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Speak: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>
Other: <input type="checkbox"/>	Read: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Write: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Listen: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Speak: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>

Other Certificates/Trades

Certificate / Trade	Level	Specialization	Years of Experience
1			
2			
3			

Driver's Information

Class:	Number:	Province:	Expiry Date: (M-D-Y)
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ASSISTANCE REQUIRED: (How can we help you?)	<input type="checkbox"/> Resume/ Cover Letter	<input type="checkbox"/> Job Search	<input type="checkbox"/> Training	<input type="checkbox"/> Other
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TRAINING COURSE	In what field?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Workshop
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EMPLOYMENT	What is your current employment status?	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed	<input type="checkbox"/> Under Employed
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What type of employment do you seek? (Job Title):	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract
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If you have more than one choice, please identify:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Contract
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Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment History

Employer	Title	Rate of Pay	Start Date	End Date	Reason for Leaving
1					
2					
3					

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

None Transportation Dependent Care Lack of Labour force Education Lack of Marketable Skills Lack of Work Experience Economic
 Physical, Emotional or Mental Health Other: _____

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CLIENT CONSENT & RELEASE OF INFORMATION

This consent form and release of information form is intended to allow Grand River Employment & Training (G.R.E.A.T.) to verify eligibility for potential financial assistance. The information will be maintained on a database, established by G.R.E.A.T., to deliver and improve programs and services offered by G.R.E.A.T.

I certify, to the best of my knowledge, the information provided is accurate and complete and I understand that it may be subject to verification by G.R.E.A.T. or its representatives. I am aware that G.R.E.A.T. may access this information and this information may be used or disclosed for the purposes of a Regulatory Audit or Operational Review.

I give my consent for this information to be collected, used, and disclosed in accordance with applicable privacy laws and the G.R.E.A.T. Privacy Policy. I understand that that my personal information may be disclosed to employers, educational institutions, Six Nations affiliated offices and agencies, and the Government of Canada, as appropriate. I undertake to report to G.R.E.A.T., as soon as possible, any changes to the information that I have provided.

I understand that my personal information may be disclosed to be the Government of Canada ("Canada") in accordance with G.R.E.A.T.'s program and service agreements.

I understand that when my personal information is disclosed to Canada, it is administered in accordance with the *Privacy Act* (RSC, 1985, c P-21), the *Department of Employment and Social Development Canada Act* (SC 2005, c 34) and the *Access to Information Act* (RSC, 1985, c A-1).

Canada requires this information to:

- a. Measure the results of the Agreement between G.R.E.A.T. and Canada and evaluate the Agreement's success;
- b. Evaluate the success of the program in achieving its objectives; and
- c. Meet its obligation of accountability by reporting on the results of the Program and its success in achieving its objectives.

I provide my consent to allow G.R.E.A.T. to request information from employers, educational institutions, Six Nations affiliated offices and agencies, and the Government of Canada, as appropriate.

I have read, understand, and agree to the terms as outlined in the Client Handbook:

Client Name and Signature

Parent/ Guardian Name and Signature (required if Client is under the age of 13)