

SNTC-ASETS CLIENT REGISTRATION FORM

FAX to ATEC OFFICE: (250) 554-4573

YOUTH LEADERSHIP WORKSHOP REGISTRATION Date of Workshop: _____

PERSONAL INFORMATION:

Social Insurance Number _____ Birth Date (dd/mm/yr) _____
Last Name _____ First Name _____ Middle Initial _____
Phone _____ Alternative/Message _____
Permanent Address _____ City/Town _____
Province _____ Postal Code _____ Email Address _____

CURRENT LABOUR FORCE ATTACHMENT:

Employed Unemployed Student

PRESENT INCOME:

Employment Insurance Social Assistance Canada Pension
 WCB No Income Other (please specify) _____

PERSONAL CHARACTERISTICS: (PLEASE CHECK ALL THAT APPLY)

Gender: Male Female
Language: Aboriginal English French Other _____

Aboriginal Identity:

Registered Non-Status Métis Inuit Other _____
 On-reserve Off-reserve Band Name _____ Status Number _____

Marital Status:

Married/Common-Law Separated Divorced Widowed Single

Number of dependents (children) _____

Transportation:

Drivers License Class _____ Transportation Yes No Are you willing to relocate? Yes No

EDUCATION LEVEL:

No education Up to grade 7-8 Grade 9-10 Grade 11-12
 Dogwood or GED Some Post-Secondary Training Apprenticeship/Trade Certificate/Diploma
University Completed: Certificate/Diploma Degree Masters Doctorate

Level of Education Completed _____ Year received _____ Province _____

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BARRIERS TO EMPLOYMENT: (PLEASE CHECK ALL THAT APPLY)

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Remoteness | <input type="checkbox"/> Language |
| <input type="checkbox"/> Education | <input type="checkbox"/> Lack of employment | <input type="checkbox"/> Lack of work Experience |
| <input type="checkbox"/> Transportation Issues | <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Lack of Marketable Skills |
| <input type="checkbox"/> Physical or Mental Health | <input type="checkbox"/> Lack of materials (boots, uniforms) | |
| <input type="checkbox"/> Other not listed above _____ | | |

CHILDCARE: (For information purposes only. SNTC/ASETS does not provide any subsidy for childcare)

- | | |
|---|--|
| <input type="checkbox"/> Yes, I require childcare. | <input type="checkbox"/> No, I do not require childcare. |
| If Yes: <input type="checkbox"/> No funding received | <input type="checkbox"/> Daycare space not available |
| If No: <input type="checkbox"/> Not applicable | <input type="checkbox"/> Provincial Funding/subsidy |
| <input type="checkbox"/> Assisted by Family/self-funded | <input type="checkbox"/> Daycare on-reserve Name: _____ |

OPTIONAL INFORMATION:

Do you have any medical issues and/or disabilities that may interfere with your ability to search for, obtain and/or maintain employment? Yes No

Additional information: _____

CONSENT

I allow _____ to collect my personal information on this registration form. I understand my information will be:

- **Used to determine eligibility and entitlement for training and employment services.**
- **Shared within SNTC-ASETS training and employment service providers for referral and funding purposes.**
- **Used by SNTC-ASETS for the purpose of monitoring, assessing, and evaluating of the services provided and required for reporting purposes pursuant to the ASETS agreement.**
- **Kept secure and private.**
- **All information contained on this form becomes and remains confidential property of SNTC-ASETS.**

SIGNATURE _____ **DATE** _____