



# INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAMS

## CLIENT REGISTRATION FORM

In order for the **Louis Bull Tribe Indigenous Skills And Employment and Training programs** to determine your eligibility for the programs and services it offers, we need to collect some personal information from yourself. Please be advised that we will treat your personal information as confidential, and take all reasonable measure necessary for the protection of this information from being released or disclosed to unauthorized people. However, in order to satisfy the need for statistical reporting required by our funding agreement, we will share this information with our sponsor, **ISETP (Indigenous Skills and Employment Training Programs)**.

Depending on the employment services you require, there will be different forms we will ask you to complete at different stages of the application process. The information sought in these forms is for determining your eligibility for these programs and statistical purposes.

Counselling relationships and the information resulting from them are kept confidential at all times and you have the right to access your personal information and counselling records file. The disclosure of this information or others can only occur with your written consent, however be advised there are the following exceptions to confidentiality, which are required by law:

1. When disclosure is required to prevent clear and imminent danger to the client and/or others;
2. When legal requirements demand that confidential material be revealed;
3. When a child is in need of protection.

In order for us to determine whether or not you already have a file with this office, please answer the following questions:

- ✓ Have you previously received services from this office?    **YES**    **NO**    *(please circle one)*
- ✓ If yes, please indicate what the service was: \_\_\_\_\_
- ✓ Do you have a resume on file?                                    **YES**    **NO**    *(please circle one)*
- ✓ Are you accessing Income Support?                            **YES**    **NO**    *(please circle one)*

If you do have an attached resume, please disregard employment history.

Thank you,

Louis Bull Tribe ISETP Employment and Training Programs

# CLIENT INFORMATION

## PERSONAL INFORMATION

FULL NAME:	
ADDRESS:	
CITY:	
PHONE:	POSTAL CODE:
EMAIL:	CELL NO.:

PLEASE CIRCLE:	EMPLOYED	UNEMPLOYED
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## EDUCATION AND TRAINING

## PERSONAL IDENTIFICATION

S.I.N. #:	MARITAL STATUS: (CIRCLE ONE)
GENDER:    M    F	MARRIED    SINGLE    DIVORCED
DATE OF BIRTH:	COMMON LAW    SEPARATED    WIDOW
BAND NAME:	IS YOUR SPOUSE:
BAND NUMBER:	EMPLOYED    UNEMPLOYED
OWN VEHICLE:    YES    NO	
DRIVERS LICENCE:    YES    NO	IF YES, CLASS NUMBER:

NUMBER OF DEPENDENTS: (PLEASE LIST)	NAME:	AGE:	MALE/FEMALE:
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Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ CAREFULLY**

- ✓ I accept the responsibility to fulfill the training terms required by the Louis Bull ISETP Employment and Training Policies;
- ✓ I accept the responsibility of managing funds received for educational assistance to the best of my ability;
- ✓ I fully understand once sponsorship has been approved that if I quit or become terminated for whatever reason that I will not receive sponsorship from the Louis Bull ISETP Employment and Training until full payment is made and/or suspension period is served;
- ✓ I understand that false or misleading information may result in termination and loss of access of other services provided by Louis Bull ISETP Employment and Training; and
- ✓ I certify that statements made in this application are correct and completed to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Note:** You are encouraged to seek employment once you have completed your training. When employment has been successfully gained you must inform this department for staff to complete your file.

**BELOW FOR OFFICE USE ONLY**

Training Allowance	Number of Months	Total
	Books and Supplies	
	Tuition	
	Other	
	Total Financial Commitment	\$

**CLIENT'S STATUS - FUNDING**

- E.I. (WOMEN 5 YEARS TO DATE)
- REACH BACK
- (MEN 3 YEARS TO DATE)
- CRF

**EMPLOYEE DIMENSIONS**

- CAREER DECISION MAKING
- SKILL ENHANCEMENT
- JOB SEARCH
- EMPLOYMENT MAINTENANCE

**INTERVENTIONS STATUS**

- COMPLETE
- INCOMPLETE
- IN PROGRESS
- FAILED TO REPORT
- RESCHEDULED
- INTERVENTION NOT AVAILABLE
- OTHER

**INTERGRADED SERVICES SIGNATURE:** \_\_\_\_\_