



REGISTRATION FORM

Career and Employment Services



Consent to Collect, Use and Release My Information

I consent to the Ministry of Advanced Education, Employment and Immigration (AEEI) obtaining, using and releasing my personal information to any person, agency, or government agency as may be necessary to support my career action plan and/or to establish my eligibility for career and employment assistance. I understand that AEEI partners include, but are not limited to, the following organizations:

- The Ministry of Social Services, where applicable, to establish or maintain my eligibility for social assistance or related benefits or supplements;
- The Apprenticeship and Trade Certification Commission, where applicable, to support my career plan and my eligibility for career and employment assistance;
- Human Resources and Skills Development Canada to support funding and delivery of career and employment services, and the administration of Employment Insurance-related benefits;
- Community-based organizations that provide career and employment services to me;
- Indian Bands or Tribal Councils or Aboriginal organizations involved in my career action plan; and
- Schools or training providers involved in my career action plan.

Client Name: (print) _____

Client Signature: _____ Date: _____

Last Name: _____ First Name: _____

Middle Name: _____

Postal Code: _____ Apt. No. _____ P.O. Box _____

Street Number: _____ Street Name: _____

City: _____ Province: _____

Phone Number(s):

Phone Type	Area Code	Number	Phone Type	Area Code	Number
Home:	_____	_____	Fax	_____	_____
Cell:	_____	_____	Messages	_____	_____
Business:	_____	_____			
Email:	_____				

What is your highest level of education? _____ (i.e., Elementary Grade; GED 12; ABE Grade; Post Sec level; etc)

Birth Date: _____ Gender : Male Female

day month (ie. Jan.) year

Social Insurance Number: _____

Are You: Currently Employed? No Yes Part-Time Full-Time

Receiving Social Assistance (SAP/TEA/SAID)? No Yes

Receiving Employment Insurance (EI)? No Yes

Receiving Provincial Training Allowance (PTA)? No Yes

Have you been in receipt of Employment Insurance (EI):

In the last three (3) years? No Yes

In the last five (5) years due to maternity or parental leave? No Yes

Are you a Canadian Citizen? No Yes

Did you arrive in Canada within the last 5 years? No Yes

Are you legally entitled to work in Canada? No Yes

Optional Information to Support Action Planning

Are you:

A Person with a Disability? No Yes A Visible Minority? No Yes

A Métis Person? No Yes A Treaty/Registered (Status) Indian? No Yes

A Non-Status Indian? No Yes An Inuit Person? No Yes

Education and Training History

Course /Program	School or Institution	Location	Start Date	End date	Highest Level Completed

Employment History

Employer	Job Title	Part or Full Time, Seasonal, Casual or Self Employed	Start Date	End Date	Reason for Leaving