

Date: _____

CLIENT INTAKE FORM

Reason for contacting Industry, Training and Employment Services:

Career Planning Job Search Apprenticeship Education & Training Self Employment

Client Identification

Social Insurance Number: _____

Have you reviewed the Privacy Notice and Consent Form? Yes No

Name: _____
(last name) (first name) (middle name) (Preferred Name)

Date of Birth (yyyy/mm/dd): _____ **Preferred Language:** English French Other

Gender Identity: Female Male Another Not Declared

Contact Information

If applicable:

Delivery Information (e.g. Box or R.R.): _____

Street Address: _____ **City/Municipality:** _____

Province/State: _____ **Country:** _____ **Postal Code/Zip:** _____

Phone Number: _____ **Alternate Number:** _____ **E-mail Address:** _____

***Mailing Address (if different from above)**

Delivery Information (e.g. Box or R.R.): _____

Street Address: _____ **City/Municipality:** _____

Province/State: _____ **Country:** _____ **Postal Code/Zip:** _____

For Office Use Only:

ICM # _____ SAMIN # _____

ID Verified: Yes No

Type of Identification _____ Staff Initials _____

Referral Source (Who recommended that you contact this agency?)

- | | |
|---|--|
| <input type="checkbox"/> Apprenticeship Manitoba | <input type="checkbox"/> Indigenous Organization |
| <input type="checkbox"/> Centre for Aboriginal Human Resource Development (CAHRD) | <input type="checkbox"/> Gov't Assistance refuges/Labour & Immigration |
| <input type="checkbox"/> Community Agency | <input type="checkbox"/> Service Canada EI Insert |
| <input type="checkbox"/> EAS Service Provider | <input type="checkbox"/> Service Canada Walk-In |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Training and Employment Services Poster | <input type="checkbox"/> Manitoba Start |
| <input type="checkbox"/> Employment Partnership Service Provider | <input type="checkbox"/> Metis Organization |
| <input type="checkbox"/> Employment and Income Assistance | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Self |
| | <input type="checkbox"/> Training Institution |

Benefits Status at Intake

Are you currently receiving Employment Insurance (EI) Benefits? Yes No Unknown Not Declared

Are you currently receiving Employment and Income Assistance (EIA) or band income assistance benefits?
 Yes No Unknown Not Declared

If you are receiving EIA, please answer the following:
Assistance Source:

Band Provincial Other

Income Assistance Status:

Active Non Active Not Declared

Employment and Income Assistance Case Coordinator Name (if applicable) _____

Additional Client Information

Disability: Yes No Not Declared

Visible Minority: Yes No Not Declared

Indigenous Status: Inuit Métis Status - On Reserve Status - Off Reserve Non-status
 Not Declared None

Marital Status: Single Married or Equivalent Not Declared

Dependents: Yes No Not Declared If yes, number of dependents: _____

Immigrant/Refugee: Yes No Not Declared If yes, landing date: _____ (year only)

Paid Employment

	(1) most recent	(2)	(3)
Job Title			
Employer			
Current Income Source?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Salary (per hour, day, week or year)	\$	\$	\$
Average Hours per Week			
Start Date (yyyy/mm/dd)			
End Date (yyyy/mm/dd)			
Reason for Leaving (choose one:)	<input type="radio"/> laid off <input type="radio"/> fired <input type="radio"/> maternity/parental <input type="radio"/> relocated <input type="radio"/> quit <input type="radio"/> seasonal <input type="radio"/> sick <input type="radio"/> term ended <input type="radio"/> another job <input type="radio"/> other	<input type="radio"/> laid off <input type="radio"/> fired <input type="radio"/> maternity/parental <input type="radio"/> relocated <input type="radio"/> quit <input type="radio"/> seasonal <input type="radio"/> sick <input type="radio"/> term ended <input type="radio"/> another job <input type="radio"/> other	<input type="radio"/> laid off <input type="radio"/> fired <input type="radio"/> maternity/parental <input type="radio"/> relocated <input type="radio"/> quit <input type="radio"/> seasonal <input type="radio"/> sick <input type="radio"/> term ended <input type="radio"/> another job <input type="radio"/> other
Additional Information (occupational skills, transferrable skills, union membership, etc.)			

Volunteer/Unpaid Experience:

Do you had volunteer or unpaid work experiecd ? (e.g., on-the-job training, school placements, court-order, etc?). Yes No

	(1) most recent	(2)	(3)
Volunteer Job Title			
Organization/ Employer			
Start Date (yyyy/mm/dd)			
End Date (yyyy/mm/dd)			
Reason for Leaving (choose one of:)	<input type="radio"/> laid off <input type="radio"/> fired <input type="radio"/> maternity/parental <input type="radio"/> relocated <input type="radio"/> quit <input type="radio"/> seasonal <input type="radio"/> sick <input type="radio"/> term ended <input type="radio"/> another job <input type="radio"/> other	<input type="radio"/> laid off <input type="radio"/> fired <input type="radio"/> maternity/parental <input type="radio"/> relocated <input type="radio"/> quit <input type="radio"/> seasonal <input type="radio"/> sick <input type="radio"/> term ended <input type="radio"/> another job <input type="radio"/> other	<input type="radio"/> laid off <input type="radio"/> fired <input type="radio"/> maternity/parental <input type="radio"/> relocated <input type="radio"/> quit <input type="radio"/> seasonal <input type="radio"/> sick <input type="radio"/> term ended <input type="radio"/> another job <input type="radio"/> other
Additional Information (occupational skills, transferrable skills, union membership, etc.)			

Driver's License

Yes No **Class(es)** _____

Airbrake Endorsement Yes No

Education and Training

Building on and understanding past training and learning experiences can assist in identifying future training and work options.

High school completed Yes No Date completed (yyyy) _____

If no, highest/level of education completed _____ Date completed (yyyy) _____

Have you had any additional training? (E.g. college, university, on-the-job, school placements)

Yes No

	(1) most recent	(2)	(3)
Course Name			
School Name			
Start Date (yyyy/mm/dd)			
End Date (yyyy/mm/dd)			
Status	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress	<input type="radio"/> completed <input type="radio"/> graduated <input type="radio"/> terminated <input type="radio"/> withdrew <input type="radio"/> in progress

Additional Information

If education or training was not completed, explain why. If you are not working in your field of training, explain why.

Other Information

Essential Skills: Essential Skills are the workplace-based fundamental skills that make it possible to learn all other skills. It is important to understand if your Essential Skills levels meet requirements for the job and/or training.

Are you comfortable understanding and/or completing written material such as:

Short memos and notes	<input type="radio"/> Yes	<input type="radio"/> No
Newspapers and brochures	<input type="radio"/> Yes	<input type="radio"/> No
Manuals and policies	<input type="radio"/> Yes	<input type="radio"/> No
Forms (e.g. Applications)	<input type="radio"/> Yes	<input type="radio"/> No

When you think about your next steps, will you need to improve any of these skills?

Math	<input type="radio"/> Yes	<input type="radio"/> No
Writing	<input type="radio"/> Yes	<input type="radio"/> No
Computer	<input type="radio"/> Yes	<input type="radio"/> No

Comments or Other:

Job Search and Self Marketing Tools: Self marketing tools are required in order to conduct an effective job search.

Do you have a resume and cover letter? Yes No

If yes, is it up-to-date? Yes No

Have you ever attended a job interview? Yes No

If yes, do you feel you present well and are able to tell employers about your skills/qualities? Yes No

Have you ever filled out a job application? Yes No

If yes, did you have any difficulty? Yes No

Do you have stable housing? Yes No

Do you have reliable/dependable childcare and back-up support? Yes No Not Applicable

Do you have medical concerns (physical health, mental health, disability, etc.) that would prevent you from participating in work or training? Yes No

If yes, do you require any accommodation to participate in work or training? Yes No

Do you have personal barriers (involvement with the justice system, addiction issues, personal concerns, family, etc) that would prevent you from participating in work or training? Yes No