



Client Intake Form

SECTION A: PERSONAL INFORMATION

First Name:		Last Name:	
Kanien'kéha Name:		Middle Name:	
Age: ____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: Day ____ Month ____ Year ____	
Social Insurance Number: ____ - ____ - ____		10-Digit Band Number: _____	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/>			
Current Address: P.O. Box No., Street, Apt.		City/Town	Province
Postal Code			
Phone Number (Home):		Spouse's Full Name:	
Phone Number (Cell):		Mother's Full Name:	
Email Address:		Father's Full Name:	
Preferred Method of Contact: Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Facebook <input type="checkbox"/>			
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you own your own transportation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of License: <input type="checkbox"/> Class 1 (All heavy vehicles)		<input type="checkbox"/> Class 2 (Bus with more than 24 passengers)	
<input type="checkbox"/> Class 3 (Truck over 4500 kg with 2 axels or any truck with 3 or more axels)		<input type="checkbox"/> Class 4A (Emergency vehicles)	
<input type="checkbox"/> Class 4B (Bus or minibus with 24 passengers or less)		<input type="checkbox"/> Class 4C (Taxi)	
<input type="checkbox"/> Class 5 (Vehicle under 4500 kg with 2 axels – Standard license)		<input type="checkbox"/> Learner's Permit (Expected date of license: _____)	
Languages: Please rate your abilities on a scale of 1-5 (1 = poor; 5 = fluent)			
Languages Spoken:	Kanien'kéha ____	English ____	French ____
Languages Written:	Kanien'kéha ____	English ____	French ____
Languages Read:	Kanien'kéha ____	English ____	French ____

SECTION B: WHAT BRINGS YOU TO OUR OFFICE?

<input type="checkbox"/> Wish to attend an academic upgrading program School I wish to attend: _____	<input type="checkbox"/> Wish to attend a vocational program Program I wish to attend: _____
<input type="checkbox"/> Looking for employment or help with job searching	<input type="checkbox"/> Looking for 150 apprenticeship hours
<input type="checkbox"/> Recognition of Certification(s)	<input type="checkbox"/> Wish to take ASP 30 Course
<input type="checkbox"/> Recognition of Hours	<input type="checkbox"/> Are you willing to travel for work?
<input type="checkbox"/> Acquisition of Certification(s) Provide details: _____	<input type="checkbox"/> Are you willing to work out of province?
<input type="checkbox"/> Was referred by another organization: _____	<input type="checkbox"/> Other: _____

SECTION C: CONSENT TO SHARE INFORMATION

I hereby agree that any and all information provided herein can be shared and discussed with other organizations and prospective employers for the purposes of employment, training, and program/funding eligibility. Other organizations may include, but are not limited to: Tewatohnni'saktha, Commission de la Construction du Quebec, Unions, Trades Associations, etc.)

_____ Client Initials

Client Signature:	Date:
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SECTION D: FOR OFFICE USE ONLY

Notes:	
KLO Representative Signature:	Date: