



GRAND RIVER EMPLOYMENT & TRAINING INC.

"Opening Doors to Our People"

BASIC CLIENT INTAKE FORM

Please help us to serve you better by keeping your information current.
NOTE: Additional information may be required at your next appointment.

This form must have a completed "Client Consent and Release of Information" form attached, to be valid.

PERSONAL IDENTIFICATION

S.I.N.:	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		
Last Name:	First Name:		
Middle Name:	Common Name:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (M-D-Y)		
Citizenship: <input type="checkbox"/> North American Indian <input type="checkbox"/> Other	Marital Status:		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Other	Spouse's Name:		
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents:		
Source of Income: <input type="checkbox"/> Employed <input type="checkbox"/> E.I. <input type="checkbox"/> Social Assistance <input type="checkbox"/> Other	Age of Dependents:		
Status Number (10 Digit):	Residency: <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off- Reserve		
E-mail Address:	Name of Reserve: <input type="checkbox"/> Six Nations <input type="checkbox"/> Other: (specify)		
Place of Residency (R.R. # / Blue # / Street #, Road / Street name):	Mailing Address (if different than Place of Residency):		
City/Town/Village:	City/Town/Village:	R.R. # / P.O. Box:	
Province/State:	Postal Code:	Province/State:	Postal Code:
Contact: Primary Phone: ()	Emergency Contact: () Name: Relationship:		

EDUCATION INFORMATION

Level(Grade 12, GED, College, Univ.)	Diploma, Degree:	Institute:	Area of Study:	City:	Date Completed: (M-D-Y)
1					
2					
3					

Language Skills (English, Cayuga, Mohawk, etc): VG-Very Good, G-Good, A-Average, P-Poor

English:	Read: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Write: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Listen: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Speak: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>
Other: <input type="checkbox"/>	Read: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Write: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Listen: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>	Speak: VG <input type="checkbox"/> G <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/>

Other Certificates/Trades

Certificate / Trade	Level	Specialization	Years of Experience
1			
2			
3			

Driver's Information

Class:	Number:	Province:	Expiry Date: (M-D-Y)
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ASSISTANCE REQUIRED: (How can we help you?) Resume/ Cover Letter Job Search Training Other

TRAINING COURSE In what field? Full Time Part Time Workshop

EMPLOYMENT What is your current employment status? Unemployed Employed Under Employed

What type of employment do you seek? (Job Title): Full-time Part-time Permanent Contract

If you have more than one choice, please identify: Full-time Part-time Permanent Contract

Do you have reliable transportation? Yes No Are you willing to relocate? Yes No

Employment History

Employer	Title	Rate of Pay	Start Date	End Date	Reason for Leaving
1					
2					
3					

BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)

None Transportation Dependent Care Lack of Labour force Education Lack of Marketable Skills Lack of Work Experience Economic Physical, Emotional or Mental Health Other: _____

I confirm that I have received the GREAT Client Handbook and my Programs and Services Officer has reviewed it with me
Signature _____

NOTICE: This Form MUST have a completed "Client Consent and Release of Information" form attached to be valid.

The GREAT Business Opportunity Centre, P.O. Box 69, 16 Sunrise Court, Ohsweken, Ontario NOA 1M0

Tel: (519) 445-2222 ♦ Toll Free: 1-888-218-8230 ♦ Fax: (519) 445-4777 ♦ www.greatsn.com

Creation Date: July 2, 2014	Reviewed By: Programs and Services Staff
Amendment Date: March 29, 2019	Approved by: Team Leaders



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CLIENT CONSENT

and

RELEASE OF INFORMATION

This consent and release of information is intended to allow Grand River Employment & Training (G.R.E.A.T.) to verify eligibility for potential financial assistance. The information will be maintained on a database, established by G.R.E.A.T., to improve programs and services delivered by G.R.E.A.T.

I certify to the best of my knowledge the information provided is accurate and complete and I understand that it may be subject to verification by G.R.E.A.T. or its representative. I am aware that G.R.E.A.T. is retaining my personal information. I am aware the staff of G.R.E.A.T. may access this information and this information may be seen during a Regulatory Audit or Operational Review. I give my consent for this information to be collected and disclosed, through verbal/written communication, in accordance with the Personal Information Protection & Electronic Data Act. I agree my personal information may be disclosed to appropriate employers, educational institutions, Six Nations affiliated offices and agencies and Service Canada. I undertake to report to G.R.E.A.T., as soon as possible, any changes to the information provided.

I provide my consent to allow G.R.E.A.T. to request information from appropriate employers, educational institutions, Six Nations affiliated offices and agencies and Service Canada.

Signature of Client

Date

Signature of G.R.E.A.T. Representative

Date

<p>Official Use Only:</p> <p>Identification Verified: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Status Card <input type="checkbox"/> Social Insurance Card</p> <p>Verified by: _____ Date: _____</p>
