



# GRAND RIVER EMPLOYMENT & TRAINING INC.

"Opening Doors to Our People"

## BASIC CLIENT INTAKE FORM

PERSONAL IDENTIFICATION					
S.I.N. (Check one)	On File:	Will Call In:	First Name:	Middle Name:	Last Name:
Gender: Male	Female	Other	Prefer not to disclose	Marital Status:	Date of Birth: (M-D-Y)
Status First Nation:	Non-Status First Nation:	Other:	Status Number (10 Digit):		
E-mail Address:			Primary Contact Number:		
Disability: (mental health, physical, learning, developmental) Yes No If yes, please specify:			Emergency Contact Name: Number: Relationship:		
Number of Dependents:		Age of Dependents:		Source of Income: Employed E.I. Social Assistance Other	
Place of Residency (R.R. # / Blue # / Street #, Road / Street name):			If employed, where?		
City/Town/Village:			Short term Career Goal:		
Province/State:		Postal Code:		Long term Career Goal:	
HIGHEST LEVEL OF EDUCATION					
Level (Grade 12, GED, College, University)	Grade, Diploma, Degree:	Institute/School:	Area of Study:	City:	Date Completed: (M-D-Y)
1					
2					
MOST RECENT JOB HISTORY					
Employer	Position	Start date	End date		
ARE YOU JOB READY?					
Have a resume?	Have a cover letter?	Certifications?	Have a G Class License and Vehicle?		
ASSISTANCE REQUIRED: (What services do you seek and how can we help you?)					
Job search (what type of employment?)	Training / Programming (what type of program?)	Resume / Cover Letter	Employment Support ex: Financial help to start new job or maintain current job (where? Start date of your job?)		
BARRIERS TO EMPLOYMENT: (CHOOSE ALL THAT APPLY)					
None	Lack of Labour force attachment	Education	Lack of Marketable Skills	Lack of Work Experience	
Physical, Emotional or Mental Health	Dependent Care	Transportation	Economic	Other	
<p><b>Please submit the GREAT Basic Client Intake Form along with your <u>resume</u> (if available to you)</b></p> <p><b>This form must have a signed "<u>Client Consent and Release of Information</u>" form attached (page 2), to be valid.</b></p>					



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## BASIC CLIENT INTAKE FORM

### CLIENT CONSENT & RELEASE OF INFORMATION

This consent form and release of information form 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 deliver and improve programs and services offered 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 representatives. I am aware that G.R.E.A.T. may access this information and this information may be used or disclosed for the purposes of a Regulatory Audit or Operational Review.

I give my consent for this information to be collected, used, and disclosed in accordance with applicable privacy laws and the G.R.E.A.T. Privacy Policy. I understand that that my personal information may be disclosed to employers, educational institutions, Six Nations affiliated offices and agencies, and the Government of Canada, as appropriate. I undertake to report to G.R.E.A.T., as soon as possible, any changes to the information that I have provided.

I understand that my personal information may be disclosed to be the Government of Canada ("Canada") in accordance with G.R.E.A.T.'s program and service agreements. Under such agreements, Receipts may be required if financial assistance is approved.

I understand that when my personal information is disclosed to Canada, it is administered in accordance with the *Privacy Act* (RSC, 1985, c P-21), the *Department of Employment and Social Development Canada Act* (SC 2005, c 34) and the *Access to Information Act* (RSC, 1985, c A-1).

Canada requires this information to:

- a) Measure the results of the Agreement between G.R.E.A.T. and Canada and evaluate the Agreement's success;
- b) Evaluate the success of the program in achieving its objectives; and
- c) Meet its obligation of accountability by reporting on the results of the Program and its success in achieving its objectives.

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

I have read, understand, and agree to the terms as outlined in the Client Handbook:

\_\_\_\_\_  
Client Name and Signature

\_\_\_\_\_  
Parent/ Guardian Name and Signature (required if Client is under the age of 13)