



110 Saskatchewan Avenue West
 Portage la Prairie, MB R1N 0M1
 204-857-6304 (p) 204-857-6358 (f)



EMPLOYMENT ASSISTANCE SERVICES – INTAKE FORM

(DO NOT FILL IN. To be completed by Service Provider)

Service Provider Name: _____

Project Name: _____ Service Provider ETS-ICM Case #: _____

Participant Start Date: _____
 (yyyy/mm/dd)

Participant Identification

Note: It's important that you understand that this is a Government funded program which requires your cooperation with follow-up procedures. It is mandatory that we contact you within 90 days to see if you've found employment. Please notify us if your phone number, email, or address changes. Your cooperation and willingness to provide us with this information is appreciated and allows us to continue to offer this great service for **FREE!**

Social Insurance Number (You MUST provide this): _____

Name: _____
 (First name) (middle name) (last name)

Date of Birth: _____ **Gender:** _____
 (yyyy/mm/dd)

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

<input type="checkbox"/> Self or family/friend	<input type="checkbox"/> EI walk-in or referral
<input type="checkbox"/> Community Agency	<input type="checkbox"/> Internet/Facebook
<input type="checkbox"/> Training and Employment Services	<input type="checkbox"/> Parole Officer
<input type="checkbox"/> Employment Partnership Service Provider	<input type="checkbox"/> EIA Counsellor
<input type="checkbox"/> First Nations or Metis Organization	<input type="checkbox"/> Apprenticeship Manitoba
<input type="checkbox"/> Newcomer Settlement Services	<input type="checkbox"/> Training or Education Institution

Primary Contact Information

Contact Info:

Residential Address: Apt. # _____ Street Address: _____

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

City/Town: _____ Postal Code: _____

Telephone Number: _____ Alternate Number: _____

E-Mail Address: _____

Demographic Information

Employment Status at Intake: Employed Not Employed – Unemployed Self-Employed

Where do you work: _____ Job title/position: _____

Wage (Hourly Rate): _____ When did you start: _____

Hours per week: _____

Education: _____ Year Education Completed: _____
 Highest Level of Education Completed

Source of income (check all that apply)

Band Assistance _____	No source _____	MMF _____
Employed Part-Time _____	Employed Full-Time _____	Student/Other _____
Disability _____	Social Assistance _____	Casual/Seasonal _____
Employment Insurance _____	Self-Employed _____	Pension _____



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Check all that apply:

Married or equivalent: Yes _____ No _____
 Children: Yes _____ No _____ If yes, how many(Dependants)? _____
 Person with a disability: Yes _____ No _____
 Visible Minority (other than aboriginal): Yes _____ No _____
 Immigrant/Refugee: Yes _____ No _____ If yes; Landing date: _____ (year only)

Barriers to Finding Employment (Self-Identify, check all that apply):

Mental Health (depression, anxiety, etc.)
 Single parent
 Difficulty finding childcare
 Addiction Issues (drugs, alcohol, gambling, etc)
 Criminal record
 English as an additional language (Newcomer/Refugee)
 Lack of driver's license/transportation
 Lack of education/training
 Housing issues/homelessness
 Lack of computer/job search skills

Indigenous Status(check which one applies): None Inuit Métis Non-status Not declared
Status – Off Reserve Status – On Reserve

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT (FIPPA)

Your personal information is confidential and will be used to assess your eligibility and suitability for our programs. It is collected under the authority and regulations of the agencies that provide funding for our programming. Your personal information is collected under the authority and regulations of the *Manitoba Public Schools Act* and the *Education Administration Act*. The information will be used for the enhancement of employment and education programming, funding applications, and the completion of periodic reports as required by the provincial and federal authorities. The information collected herein is protected by the *Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act*. If you have any questions, please ask a staff member for clarification.

RELEASE OF INFORMATION

“Some client information provided to the *Portage Learning & Literacy Centre* will be shared with the *Province of Manitoba* and may also be shared with the *Government of Canada*. Client information will be used for the purposes of administering programs and fulfilling accountability reporting requirements. Client information may also be used for the purposes of conducting research or evaluating activities.”

I hereby authorize the Portage Learning & Literacy Centre to obtain and release any of the social, educational, or vocational information necessary to assist me in reaching my comprehensive vocational goals. I understand that the information shared will be treated as confidential and may be shared with responsible persons or agencies.

Client Signature:	Signature of Parent/Guardian (if Client is under 18 years of age):
Date:	