



2025 – 2026 CLIENT INTAKE REGISTRATION FORM

The department undertakes follow-up surveys to determine whether program support proves successful. In order to conduct such surveys, information is required. Some or all of the information may be shared with the Aboriginal Labour Force Development Circle and Services Canada to assist in evaluating the success of the programs. Under the Privacy Act, the personal information on this form may be accessed by the participant. The information is kept on file at the Huronia Area Aboriginal Management Board Office.

Social Insurance Number		Name of Band		Band Number		Date of Birth (dd/mm/yy)	
Last Name			First Name			Middle Initial	
Area Code & Telephone Number		Email Address			Postal Code		
Physical Address/Mailing/Current Address					Previous involvement with Huronia Yes: ____ No: ____ Date: __ End Date: __		
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Child Care: N/A <input type="checkbox"/> EI/CRF <input type="checkbox"/> Subsidized <input type="checkbox"/> Daycare Space not available <input type="checkbox"/> Assisted by Family or Self Funded <input type="checkbox"/>		Marital Status: Single <input type="checkbox"/> Married/Equivalent <input type="checkbox"/> No. of Dependents <input type="checkbox"/>		Valid Driver's License Yes <input type="checkbox"/> No <input type="checkbox"/> Access to Vehicle Yes <input type="checkbox"/> No <input type="checkbox"/>		Willing to Relocate Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/>
NEW/CURRENT EMPLOYMENT:							
Name of Employer:				Employer/Company Address:			
Contact Person:				Phone Number:			
Job title/Position:				Start Date:			
Employment Verification by: (Office Use)			Person Contacted:			Date:	
EMPLOYMENT BARRIERS:							
Lack of Labour Force Attachment <input type="checkbox"/>				Remoteness <input type="checkbox"/>			
Lack of Work Experience <input type="checkbox"/>				Education <input type="checkbox"/>			
Lack of Transportation <input type="checkbox"/>				Dependent Care <input type="checkbox"/>			
Lack of Marketable Skills <input type="checkbox"/>				Language <input type="checkbox"/>			
Physical, Emotional or Mental Health <input type="checkbox"/>				Other Barriers Not Listed <input type="checkbox"/>			
				Economic <input type="checkbox"/>			
PHYSICAL CLASSIFICATION:							
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is the nature of the disability?					
SOURCE OF INCOME:							
Employment Insurance <input type="checkbox"/> \$_____		Self Employed <input type="checkbox"/> \$_____		Canada Pension <input type="checkbox"/> \$_____			
Employed <input type="checkbox"/> \$_____		Ontario Works <input type="checkbox"/> \$_____		Social Assistance <input type="checkbox"/> \$_____			
Worker Compensation <input type="checkbox"/> \$_____		No Income <input type="checkbox"/> \$_____		Other <input type="checkbox"/> \$_____			
Partner/Spouse Income <input type="checkbox"/> \$_____		(Explain) _____					
Were you in receipt of Employment Insurance Benefits in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>			Were you in receipt of Employment Insurance Benefits in the last 5 years if on maternity or parental leave? Yes <input type="checkbox"/> No <input type="checkbox"/>			Ontario Works Yes <input type="checkbox"/> No <input type="checkbox"/>	
Income Verification by: (Office Use)			Person Contacted:			Date:	
EDUCATION BACKGROUND:							
No Formal Education <input type="checkbox"/>		Grade 7-8 <input type="checkbox"/>		Grade 9-10 <input type="checkbox"/>		Grade 11-12 <input type="checkbox"/>	
Secondary School Diploma or GED <input type="checkbox"/>		Some Post Secondary School Training <input type="checkbox"/>					
Apprenticeship or Trade Certification or Diploma <input type="checkbox"/>		College/CEGEP, or Non-University Certification or Diploma <input type="checkbox"/>					
University Certification or Diploma <input type="checkbox"/>		University Bachelors Degree <input type="checkbox"/>		University Masters Degree <input type="checkbox"/>			
University Doctorate <input type="checkbox"/>							
Type of Employment Assistance Required:							
Interview <input type="checkbox"/>		Travel Assistance <input type="checkbox"/>		Relocation <input type="checkbox"/>		Start Up <input type="checkbox"/> X	
Other <input type="checkbox"/> (Explain) _____							
Signature of Applicant:					Date:		



APPLICATION FOR FINANCIAL ASSISTANCE & TRAINING REQUEST

NOTE: All applicants must fill out and sign the "Release of Information" section on this page. Only those applying for financial assistance for a training program have to fill the section pertaining to institutional and Training and other sections marked with an '*' and submit a training research package.

RELEASE OF INFORMATION	
I, _____ of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Name Address </div>	
hereby consent to the collection, disclosure and use of my personal information, that is: <ol style="list-style-type: none"> 1. The application for financial assistance and training request; 2. My social insurance number for E.I eligibility; 3. Information for determining and verifying program eligibility; 	
I further consent to the exchange of such information by: <ul style="list-style-type: none"> <input type="checkbox"/> Services Canada <input type="checkbox"/> Aboriginal Labour Force Development Circle <input type="checkbox"/> Funding agencies such as First Nations, LDM's, & ASETS Holders <input type="checkbox"/> Training Deliverer's (schools, institutions, etc.) <input type="checkbox"/> Ontario Works and Ontario Disability Support Programs; 	
I understand that this information may be shared with Canada and that I will have access to any or all of the information held by Canada.	
I have read this document and fully understand the above notice. I consent to the collection, disclosure and use of my personal information as described therein.	
_____ Signature of Applicant	_____ Date

TRAINING REQUEST INFORMATION		
*Name of Institution/Agency:	*Contact Person:	*Phone/Fax #:
*Type of Training:	*Start Date:	*End Date:
*Tuition/Registration:	*Equipment/Supplies	Training Allowance
Employment Startup:	Relocation:	Mileage (Distance)
Child Care Costs:	Accommodations:	Total Funding Requested:

FOR OFFICE USE ONLY	
Funding Approved:	
Employment Assistance \$ _____	Travel Assistance \$ _____
Relocation Assistance \$ _____	Other Assistance \$ _____
Total Assistance \$ _____	Funding: <input type="checkbox"/> E.I <input type="checkbox"/> CRF
Approved By: _____	Date: _____