

Mississaugas of the Credit Employment & Training Intake

**Client Profile:**

SIN: Visible Minority:  
First Name: Marital Status:  
Last Name: No. Dependents:  
Birthdate: Immigrant Status:  
Gender: Immigration Year:  
Disability Group:

**Indigenous Affiliation:**

Indigenous Type: Registration#  
Band/Community:

**Languages:**

Preferred Language: Secondary:  
Specify (If Specify (If  
Indigenous/Other): Indigenous/  
Other):

**Highest Level of Education Attained:**

Primary/Secondary: Year Attained:  
Post-Secondary: Year Attained:  
Apprenticeship Year Attained:

# Mississaugas of the Credit Employment & Training Intake

## **Current Contact Details**

From Date:

To Date:

Primary Telephone:

Email Address:

Alternate Telephone:

Fax Number:

## **Mailing Address:**

## **Residential Address (If Different):**

Street/PO Box:

Street/PO Box:

City/Town:

City/Town:

Province:

Province:

Other Province/State:

Other Province/State:

Postal Code:

Postal Code:

## **Additional Information:**

Reserve Status:

Reserve name:

## **Emergency Contact:**

Name:

Telephone:

Relationship:

## **Employment Status**

**Employer/Case  
Worker**

***Client Consent Form***

I, \_\_\_\_\_ SIN: \_\_\_\_\_ understand that the personal information collected and held by **3670005 ASETS - New Credit Employment and Training** will solely be used to help me access employment services and benefits designed to help me prepare for, get, and keep employment.

*By signing this consent, I understand that I am bound by the requirements of the contract which will be sent to me in a separate document upon approval of funding.*

*I hereby grant permission for any and all personal information held by **3670005 ASETS - New Credit Employment and Training** to be disclosed, when required, on an as needed basis, to representatives of:*

- Human Resources Development Canada and its successor departments and agencies,
- The provincial Department of Human Resources and Employment and its successor departments and agencies, and
- organizations under contract to either of these departments to provide employment related benefits and services.(Ontario Works, Ontario Disability Support Program)
- Mississaugas of the Credit Employment & Training Board (Band number only)

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Witness Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

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ACTION PLAN (attach additional page if required)

Date: \_\_\_\_\_

Employment Request: (check all that apply)

Pre-Employment/Job Readiness

Job Search

Career Decision Making

Employment Maintenance

Skill Enhancement

Goal Description: What do I want to achieve?

Tasks: What I need and want to do

Success: How will I know I am making progress towards my goal

Timeframe: When do I want to have this goal achieved?

Resources : What or who can help me achieve my goal?