



Akwesasne Career & Employment Support Services

P.O. BOX 965

Cornwall, Ontario K6H 5V1

Tel: 613-575-2626 | Fax: 613-575-2863

www.acesjobs.ca

REGISTRATION FORM

Training Requested:

PERSONAL IDENTIFICATION

First Name:

Middle Initial:

Last Name:

Primary Phone:

Home Cell

Email:

Secondary Phone:

Home Cell

S.I.N. #:

Marital Status: Single Married/Common Law Divorced Widowed Separated

Date of Birth (MM/DD/YYYY):

Gender: Male Female Unspecified

Name of Band: MCA MNCC Other _____

Band #:

Language(s) Spoken: English Only Native Language Only Both Other _____

Disability: Yes No Self-Identified

Disability Type:

Do you have a Drivers License? Yes No

Do you have access to transportation? Yes No

MAILING ADDRESS

Address Line 1:

Address Line 2:

City/Town/Village:

Province/State:

Postal Code:

INCOME SUPPORT

Current Employment Status: Unemployed Employed Student

Are you a recipient of MCA assistance? Yes No

Collected Employment Insurance in Canada in the past 5 years? Yes No

If yes, weekly rate:

Were you a recipient of Maternity/Paternity Leave in the past 5 years? Yes No

EMPLOYMENT

Current Employer:

Occupation:

EDUCATION & TRAINING

Secondary Year Attained: 7th 8th 9th 10th 11th 12th 13th

Post-Secondary Year Attained: 1st 2nd 3rd 4th 5+

Current School:

Certificates / Diploma Obtained:

Industry Certification:



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CONSENT

Prior to collecting or compiling any personal information, if you are seeking assistance from the Akwesasne Career & Employment Support Services (ACCESS) or receiving assistance under its programs, you are hereby informed of the purpose for which this personal information is being collected and compiled.

This information is for use by ACCESS and Service Canada to:

- ✓ Determine eligibility to receive services from ACCESS
- ✓ Assist in verifying eligibility for employment insurance benefits
- ✓ Ensure clients who are actively receiving benefits continue to receive them while participating in an ACCESS program
- ✓ Assess and evaluate ACCESS activities
- ✓ To contact other agencies identified below in order to determine possible cost-sharing partnerships
- ✓ To contact individuals to verify information and follow-up

I, _____, hereby provide my consent as may be required by ACCESS and Service Canada to collect, use, and possibly disclose for the purposes as stated above, information to the following agencies:

(PRINT NAME)

- Human Resources Development Canada
- Community Support Program (MCA/SRMT)
- Economic Development Program (MCA/SRMT)
- Ahkwesasne Mohawk Board of Education (MCA)
- Higher Education (SRMT)

ACCESS and Service Canada shall not, in respect of any personal information, use the information for a purpose other than that for which it was provided or disclose the information to any person or body for a purpose other than that for which it is provided except with the consent of the individual to who the information relates, or the written consent of the party that provided the information, or as required by law. Information which is provided to ACCESS and Service Canada is protected under Canada's Privacy Act and you have a right under the Privacy Act to obtain access to this information from ACCESS and Service Canada.

(SIGNATURE)

(DATE)

(WITNESS SIGNATURE)

(DATE)

ACCESS OFFICE USE ONLY

<i>File #</i>	<i>Budget Code:</i>	<i>Dates:</i>	<i>Course Costs:</i>