

Person Information

Title Mr. Mrs. Ms. Miss **Gender** Male Female Other / X Prefer not to report

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: (DD) _____ (MO) _____ (YR) _____ SIN: _____

Phone: _____ Alt. Phone: _____

Email: _____

(By providing your email address, consent to receive emails from Futureworx/Nova Scotia Works such as surveys, evaluations, program and service offerings, etc. has been provided. Your email address will not be shared unless consent is supplied.)

Mailing Address: _____ City/Town _____

Province: _____ Postal Code: _____

Civic Address (if different from above): _____

Service Language: English French **Other Language:** English French

Marital Status: Widowed Single Married Common-Law Other
Separated Divorced Annulled Prefer not to report

Employment Information

Are you legally entitled to work in Canada? Yes No Unknown

What is your employment status? Employed Self-Employed Unemployed

What are your employment details? Full Time Seasonal Part Time Variable Hours

How many hours do you usually work per week in your current employment?

How much are you earning in your current employment?

Per Hour

Annual Salary

Do you have an expected layoff date?

Are you part of a sector or industry that is in transition or being impacted by a layoff? Yes No

If yes, indicate the sector

Is your current job unstable or insecure? Yes No Prefer not to report

Are you willing to relocate to find work? Yes No

If yes, where?

Employment Information(continued)

Are you a student? No Full Time – Secondary Prep Part Time – Secondary Prep
Full Time – Secondary Part Time – Secondary
Full Time – Post Secondary Part Time – Post Secondary

Benefit Information

Have you applied for or had any type of Employment Insurance claim within the last 60 months?

Yes No Unknown

Have you been employed with gross insurable earnings of \$2,000 or higher in at least 5 of the previous 10 years?

Yes No Unknown

Are you currently in receipt of any of the following benefits?

- Not Receiving Benefits
- Canada Pension Plan – D Layoff Package Settlement Support – RAP
- Canada Pension Plan Private Insurance Student Loan
- Employment Insurance Quebec Pension Plan – D Workers Compensation
- Income Assistance Quebec Pension Plan Other

General Information

What language do you prefer to correspond in? English French

What is your preferred correspondence method? Email Regular Post Telephone

How many dependents do you have?

Do you have access to transportation? Yes No

What type(s) of driver's license do you have?

- No License Small Bus/Taxi – Class 4
- Beginners – Class 7 Heavy Vehicle – Class 3
- Motorcycle – Class 6 Large Bus – Class 2
- Regular Vehicle – Class 5 Tractor Trailer – Class 1
- Air Brakes

Do you have access to the internet/wifi at your current residence? Yes No

Do you have a device (Smartphone, Tablet, Laptop) that you could access online/video appointments or training?

Yes No

Target Group Information

What is your residency status? Canadian Citizen Permanent Resident Other

Do you consider yourself to be a member of any designated groups?

Aboriginal Yes No Prefer not to report

Person with Disability Yes No Prefer not to report

Primary Disability Type (Select one from the following list):

ADD/ADHD	Cognitive	Mental Health	Learning	Other
Autism	Developmental	Hard of Hearing	Mobility	
Brain Injury	Dexterity	Intellectual	Vision Loss/Blind	

Secondary Disability Type (Select one from the following list):

ADD/ADHD	Cognitive	Mental Health	Learning	Other
Autism	Developmental	Hard of Hearing	Mobility	
Brain Injury	Dexterity	Intellectual	Vision Loss/Blind	

Francophone/Acadian Yes No Prefer not to report

African Nova Scotia Yes No Prefer not to report

Immigrant Yes No Prefer not to report

If yes, Immigration Year

Visible Minority Yes No Prefer not to report

If you checked yes to any of the above, provide any additional details.

Service Participation

Are you currently involved with another agency? Yes No Unknown

Please list any community partner(s) you are currently or have recently worked with:

Is there anything else that may impact your ability to either attend or participate in meetings or group services/workshops? Yes No Unknown

Intake Referral Information

How did you hear about us? _____

Name of organization who referred you to us (if here by referral) _____

Contact Name _____ Contact Number _____

Contact Email Address _____

Education History

What is your highest level of education?

- | | | |
|------------------------|-----------------------|---------------------|
| Elementary | GED Complete | University Complete |
| Junior High | College Incomplete | Master's Degree |
| High School Incomplete | College Complete | PhD (Doctorate) |
| High School Complete | University Incomplete | |

If High School, what was the name of the school? _____

What was the last year you attended school? _____

Where did you receive your highest level of education?

Canada – Province:	<input type="text"/>
United States – State:	<input type="text"/>
Other Country:	<input type="text"/>

Please provide your educational history below. Including courses or programs completed, started but never finished, or currently in progress. Include post-secondary, trades, and other training courses taken.

Course 1	Course Name	<input type="text"/>				
	School Organization	<input type="text"/>				
	Start Date	<input type="text"/>	End Date	<input type="text"/>		
		DD/MM/YYYY		DD/MM/YYYY		
	Result	In Progress Incomplete	Complete Diploma	Degree Certificate	License - Current License - Expired	Credential
Course 2	Course Name	<input type="text"/>				
	School Organization	<input type="text"/>				
	Start Date	<input type="text"/>	End Date	<input type="text"/>		
		DD/MM/YYYY		DD/MM/YYYY		
	Result	In Progress Incomplete	Complete Diploma	Degree Certificate	License - Current License - Expired	Credential
Course 3	Course Name	<input type="text"/>				
	School Organization	<input type="text"/>				
	Start Date	<input type="text"/>	End Date	<input type="text"/>		
		DD/MM/YYYY		DD/MM/YYYY		
	Result	In Progress Incomplete	Complete Diploma	Degree Certificate	License - Current License - Expired	Credential

Employment History

Job 1 (Present or Most Recent)	Employer	<input type="text"/>					
	City/Town	<input type="text"/>	Province	<input type="text"/>	Country	<input type="text"/>	
	Job Title	<input type="text"/>				Salary \$	<input type="text"/>
	Start Date	<input type="text" value="DD / MM / YR"/>	End Date	<input type="text" value="DD / MM / YR"/>	Per	Hour	Month
						Week	Year
						2 Weeks	
	Employment Type	Full Time	Part Time	Average Hours Per Week		<input type="text"/>	
	Seasonal	Variable Hours					
Reason for Leaving	<input type="text"/>						
Job Duties	<input type="text"/>						
Job 2	Employer	<input type="text"/>					
	City/Town	<input type="text"/>	Province	<input type="text"/>	Country	<input type="text"/>	
	Job Title	<input type="text"/>				Salary \$	<input type="text"/>
	Start Date	<input type="text" value="DD / MM / YR"/>	End Date	<input type="text" value="DD / MM / YR"/>	Per	Hour	Month
						Week	Year
						2 Weeks	
	Employment Type	Full Time	Part Time	Average Hours Per Week		<input type="text"/>	
	Seasonal	Variable Hours					
Reason for Leaving	<input type="text"/>						
Job Duties	<input type="text"/>						
Job 3	Employer	<input type="text"/>					
	City/Town	<input type="text"/>	Province	<input type="text"/>	Country	<input type="text"/>	
	Job Title	<input type="text"/>				Salary \$	<input type="text"/>
	Start Date	<input type="text" value="DD / MM / YR"/>	End Date	<input type="text" value="DD / MM / YR"/>	Per	Hour	Month
						Week	Year
						2 Weeks	
	Employment Type	Full Time	Part Time	Average Hours Per Week		<input type="text"/>	
	Seasonal	Variable Hours					
Reason for Leaving	<input type="text"/>						
Job Duties	<input type="text"/>						



COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

COLLECTION: The personal information you have provided is collected under the authority of the Nova Scotia Freedom of Information & Protection of Privacy Act and the Employment Insurance Act of Canada and will be used only verification of service eligibility and administration of the applicable service.

USE: The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement funded by Employment Nova Scotia and to provide statistical information to agencies providing funding support to the services offered.

DISCLOSURE: The personal information provided may be shared with a service provider organization, Service Canada, Employment Insurance, the Department of Community Services, Employment Nova Scotia and/or a training institution that is administering a program or service. This information may include: contact information, return to work action plan, eligibility for employment benefits, service eligibility, marks, attendance, and proof of financial payments to the training institution. The personal information provided may also be shared with other relevant departments within Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions of the Labour Market Development Agreement or Workforce Development Agreement.

ACCESS: Pursuant to the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of, and access to, their personal information. To obtain access to, or request correction of, your personal information collected and used by NS Labour and Advanced Education please contact the department's Information Access and Privacy Manager by email LAEaccess@gov.ns.ca or phone (902) 424-8472.

I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:

Client name [print/type]

Social Insurance Number

Client signature

Date