



Consent to Collect, Use and Release My Information

I consent to the Ministry of Immigration and Career Training obtaining, using and releasing my personal information to any person, agency, or government agency as may be necessary to support my career or settlement action plan and/or to establish my eligibility for employment or settlement services. I understand that the Ministry of Immigration and Career Training partners include, but are not limited to, the following organizations:

- The Ministry of Social Services, where applicable, to establish or maintain my eligibility for social assistance or related benefits or supplements;
- The Apprenticeship and Trade Certification Commission, where applicable, to support my career plan and my eligibility for career and employment assistance;
- Employment and Social Development Canada and Service Canada to support funding and delivery of career and employment services, and the administration of Employment Insurance-related benefits;
- Immigration, Refugees and Citizenship Canada to support the funding and delivery of settlement and language programming ;
- Community-based organizations that provide career and employment, settlement and language services to me;
- Indian Bands or Tribal Councils or Indigenous organizations involved in my career action plan; and,
- Schools or training providers involved in my career or settlement action plan.

Client Name (print): _____

Client Signature: _____ Date: _____

Last Name: _____ First Name: _____

Middle Name: _____

Postal Code: _____ Apt. No.: _____ P.O. Box: _____

Street Number: _____ Street Name: _____

City: _____ Province: _____

Phone Type	Area Code	Number	Phone Type	Area Code	Number
Home:	_____	_____	Fax:	_____	_____
Cell :	_____	_____	Message:	_____	_____
Business:	_____	_____			

Email: _____

Birth Date: _____ Gender: Male ☐ Female ☐
Day Month (i.e. Jan) Year

Social Insurance Number: _____

What is your highest level of education? _____
(i.e., Elementary Grade; GED 12; ABE Grade; Post Sec level; etc.)

Are You: Currently Employed? No ☐ Yes ☐ Part-Time ☐ Full-Time ☐
 Receiving Social Assistance (SAP/TEA/SAID)? No ☐ Yes ☐
 Receiving Employment Insurance (EI)? No ☐ Yes ☐
 Receiving Provincial Training Allowance (PTA)? No ☐ Yes ☐

Have you been in receipt of Employment Insurance (EI):
 In the last five (5) years? No ☐ Yes ☐

Are you a Canadian Citizen? No ☐ Yes ☐
 Did you arrive in Canada within the last 5 years? No ☐ Yes ☐
 Are you legally entitled to work in Canada? No ☐ Yes ☐
 Is English your 1st language? No ☐ Yes ☐

Have you had a CLB assessment? Date of Assessment: _____
 Score: Speaking _____ Reading _____ Listening _____ Writing _____

Optional Information to Support Action Planning

Are you:
 A Person with a Disability? No ☐ Yes ☐ A Visible Minority? No ☐ Yes ☐
 A Métis Person? No ☐ Yes ☐ A Treaty/Registered (Status) Indian? No ☐ Yes ☐
 A Non-Status Indian? No ☐ Yes ☐ An Inuit Person? No ☐ Yes ☐

Education and Training History

Course/Program	School or Institution	Location	Start Date	End Date	Highest Level Completed

Employment History

Employer	Job Title	Part or Full Time, Seasonal, Casual or Self-employed	Start Date	End Date	Reason for Leaving