

**Person Information**

<b>Title</b>	Mr.	Mrs.	Ms.	Miss	<b>Gender</b>	Male	Female	Other / X	Prefer not to report
Last Name				First Name				Initial	
SIN				Date of Birth					
Home Tel.				Mobile				Email	
<b>Service Language</b>	English	French	<b>Other Language</b>			English	French		
<b>Marital Status</b>	Widowed	Single	Married	Common-Law	Other				
	Separated	Divorced	Annulled	Prefer not to report					

**Mailing Address**

Care of	Street	City
Province	Country	Postal/Zip Code

**Civic Address (if different from above)**

Street	City	
Province	Country	Postal/Zip Code

**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?**

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

## Employment Information (continued)

**Are you willing to relocate to find work?** Yes No

If yes, where?

<b>Are you a student?</b>	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 dependants do you have?**

**Do you have access to transportation?** Yes No

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

No Licence	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

## 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
Austism	Developmental	Hard of Hearing	Mobility
Brain Injury	Dexterity	Intellectual	Vision Loss/Blind
			Other

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

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

**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:

Service Participation (continued)

**Is there anything else that may impact your ability to either attend or participate in meetings or group services/workshops?**

Yes      No

If yes, please explain:

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	

**Where did you receive your highest level of education?**

Canada - Province:

United States - State:

Other Country:

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					
	School Organization					
	Start Date			End Date		
	DD/MM/YYYY					
Result	In Progress	Complete	Degree	License - Current	Credential	
	Incomplete	Diploma	Certificate	License - Expired		

Education History (continued)

Course 2	Course Name					
	School Organization					
	Start Date			End Date		
	DD/MM/YYYY			DD/MM/YYYY		
	Result	In Progress	Complete	Degree	License - Current	Credential
	Incomplete	Diploma	Certificate	License - Expired		

Course 3	Course Name					
	School Organization					
	Start Date			End Date		
	DD/MM/YYYY			DD/MM/YYYY		
	Result	In Progress	Complete	Degree	License - Current	Credential
	Incomplete	Diploma	Certificate	License - Expired		

Employment History

Please provide your employment history below.

Job 1	<b>Employer</b>						
	<b>Employer Address</b>						
	Line 1						
	Line 2						
	City/Town			Country			
	Postal Code			Province			
	<b>Job Title</b>			<b>Salary \$</b>			
	<b>Start Date</b>		<b>End Date</b>		Per	Hour	Month
	DD/MM/YYYY		DD/MM/YYYY			Week	Year
	<b>Employment Type</b>		Full Time	Seasonal	2 Weeks		
		Part Time	Variable Hours	Average Hours Per Week			
<b>Reason for Leaving</b>							
<b>Job Duties</b>							

Job 2	<b>Employer</b>						
	<b>Employer Address</b>						
	Line 1						
	Line 2						
	City/Town			Country			
	Postal Code			Province			
	<b>Job Title</b>						
	<b>Salary \$</b>						
	<b>Start Date</b>		<b>End Date</b>		<b>Per</b>	<b>Hour</b>	<b>Month</b>
	DD/MM/YYYY		DD/MM/YYYY		Week	Year	
<b>Employment Type</b>		Full Time	Seasonal	2 Weeks			
		Part Time	Variable Hours	<b>Average Hours Per Week</b>			
<b>Reason for Leaving</b>							
<b>Job Duties</b>							

Job 3	<b>Employer</b>						
	<b>Employer Address</b>						
	Line 1						
	Line 2						
	City/Town			Country			
	Postal Code			Province			
	<b>Job Title</b>						
	<b>Salary \$</b>						
	<b>Start Date</b>		<b>End Date</b>		<b>Per</b>	<b>Hour</b>	<b>Month</b>
	DD/MM/YYYY		DD/MM/YYYY		Week	Year	
<b>Employment Type</b>		Full Time	Seasonal	2 Weeks			
		Part Time	Variable Hours	<b>Average Hours Per Week</b>			
<b>Reason for Leaving</b>							
<b>Job Duties</b>							



## **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](mailto: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]**

**Social Insurance Number**

**Client signature**

**Date**