

SHOONIYAA WA-BIITONG TRAINING AND EMPLOYMENT CENTRE FOR THE TREATY NO. 3 AREA

CLIENT- INTAKE

A. Contact: Contact was made through:

Office:		Telephone:		In-Person:		Mail/Fax:	
Community Site Visit		Name of Community:					

B. Client Data

Surname:		First Name:		Initial:
Mailing Address:		City/Town:		Province:
Postal Code:	Telephone:		Email Address	

Important:

SHOONIYAA WA-BIITONG has a number of programs and services designed to assist clients who have particular employment needs. The information sought below will assist us with determining your eligibility.

Are you an aboriginal person as defined under the Constitution Act of Canada?

Yes		No	
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If yes, please check one:

Status from Treaty #3:		If yes, First Nation:	
Status from other:		If from First Nation outside of Treaty #3 membership, refer to	
		If from out of province First Nation, refer to OGI Employment Counsellor	
Non-Status:		If Non-Status, refer to OGI Employment Counsellor	
Metis:		If Metis, refer to local Metis Employment Services office	
Inuit:		If Inuit, refer to SHOONIYAA WA-BIITONG head office for further referral	

C. Service Needs Determination – Types of Services Requested by Client

Employment/Career Counselling/Decision Making	
Job search techniques	
Training Assistance	
Counselling on other employment/training issues	
Other (please specify)	

D. Referred to other source (identify)

Other AHRDA/LDM:	
FN Post-Secondary Education:	
Other Employment Agency:	
HRSDC:	
Other (Explain)	

E. Further Action:

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Program Officer:	Date:
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Copy to Head Office for data input:

Revised – March 03/06
Effective – April -1, 2006