

Client Intake Form (A)



Person Information

Gender: ☐ Female ♀ ☐ Male ♂ ☐ Other Birthdate (dd/mm/yyyy): _____

Last Name: _____ First Name: _____

Social Insurance Number: _____ Email Address: _____

Phone Number: _____ Service Language: ☐ English ☐ French

Marital Status: Single ☐ Married ☐ Common-Law ☐ Widowed ☐ Divorced ☐ Separated ☐ Other ☐

Mailing Address:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Registration Details:

Employment Status: ☐ Self - Employed ☐ Seasonal Employment ☐ Unemployed
☐ Full-time Employed ☐ Part-time Employed ☐ Variable Hours

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

Are you a student?: ☐ Full-time ☐ Part-time ☐ No

What is your preferred correspondence method? ☐ Regular Post ☐ Email ☐ Telephone

COLLECTION, USE, & DISCLOSURE OF PERSONAL INFORMATION

The Nova Scotia Government Labour Market Programs provided by the Departments of Labour and Advanced Education; Community Services, and the Office of Immigration, are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act. The FOIPOP Act defines the meaning of personal information; in addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, or other information collected by our programs or services.

The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDA) Act. Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services etc.

We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law.

Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act individuals have the right to correction of, and access to, their personal information. To obtain access or request correction of your personal information please contact the Information Access and Privacy Services unit by email at IAPServices@novascotia.ca or phone (902) 424-2985 or 1-844-424-2985.

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

Client name [please print]

Client signature

Date (dd/mm/yyyy)

**There are many factors that can affect a person's ability to find employment.
Please place a check mark next to all that apply to you:**

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Limited Knowledge of Different Occupations | <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Unable to Relocate | <input type="checkbox"/> Physical/Mental Health Concerns |
| <input type="checkbox"/> Inconsistent Work History | <input type="checkbox"/> Conflict with others | <input type="checkbox"/> Recently moved | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Outdated Skills/Experience | <input type="checkbox"/> Ability to meet basic needs | <input type="checkbox"/> Not Enough Training | <input type="checkbox"/> Low Confidence |
| <input type="checkbox"/> Lack of Work References | <input type="checkbox"/> Inadequate Income | <input type="checkbox"/> Too Little/Too Much Education | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Limited Experience | <input type="checkbox"/> Debt | <input type="checkbox"/> Childcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> No Resume/Cover Letter | <input type="checkbox"/> Age | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Criminal Record |
| <input type="checkbox"/> Lack of Job Skills | <input type="checkbox"/> Addiction | <input type="checkbox"/> Anxiety/Fear | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> I Don't Know What I Want to Do | <input type="checkbox"/> Lack of Support | <input type="checkbox"/> Disability | <input type="checkbox"/> Transferable Skills |

Are there any other factors that you are facing that are not listed above?

What are you good at doing? (e.g. strengths, likes, skills)

Name: _____

Case Management Referral Form (B)



Referral Information:

How did you hear about us? _____

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

Contact name: _____ Contact phone number: _____

Case Information:

Residency Status ☐ Canadian Citizen ☐ Permanent Resident ☐ Other

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Aboriginal - Status | <input type="checkbox"/> Aboriginal - Inuit | <input type="checkbox"/> Aboriginal - Metis |
| <input type="checkbox"/> Aboriginal - Non-St. | <input type="checkbox"/> African Nova Scotian | <input type="checkbox"/> Persons With Disability |
| <input type="checkbox"/> Visible Minority | <input type="checkbox"/> Francophone/Acadian | <input type="checkbox"/> Immigrant |

If you checked any of the above, provide any additional details: _____

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

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> EI | <input type="checkbox"/> Can Pension Plan - D | <input type="checkbox"/> Quebec Pension Plan |
| <input type="checkbox"/> SS - Rap | <input type="checkbox"/> QPP - D | <input type="checkbox"/> Income Assistance |
| <input type="checkbox"/> Student Loan | <input type="checkbox"/> Private Ins (LTD, STD) | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> CPP | <input type="checkbox"/> Layoff Package | <input type="checkbox"/> Other |

Have you applied for or have you been in receipt of EI within the last 36 Months (3 years)? ☐ Yes ☐ No

Type of Claim: ☐ Regular ☐ Medical ☐ Parental ☐ Maternity ☐ Compassionate Care ☐ Unknown

Have you had a maternal or parental leave claim that ended in the last 60 Months (5 Years)? ☐ Yes ☐ No

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

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> No Licence | <input type="checkbox"/> Regular Vehicle (Class 5) | <input type="checkbox"/> Tr Trailer (Class 1) |
| <input type="checkbox"/> Large Bus | <input type="checkbox"/> Heavy Vehicle (Class 3) | <input type="checkbox"/> S. Bus / Taxi (Class 4) |
| <input type="checkbox"/> Motorcycle | <input type="checkbox"/> Beginners (Class 7) | |

Do you have access to transportation? ☐ Yes ☐ No

Are you willing to relocate to find work? ☐ Yes ☐ No If yes, where? _____

Is there anything that may impact your ability to participate in meetings or group ☐ Yes ☐ No

If yes, please explain: _____

Please list any community partners you are currently or have recently worked with: _____

Case Management Referral Form (B)



Education History:

Do you have a Grade 12 diploma ☐ or GED ☐

Year obtained: _____

Highest level of education completed: _____ In Canada? ☐ Yes ☐ No

Year attained: _____ Name of School: _____ Province or Country: _____

Start Date: dd/mm/yyyy End Date: dd/mm/yyyy

Please provide additional 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.

Education/Training/License _____ Location / School: _____

Start Date: dd/mm/yyyy End Date: dd/mm/yyyy ☐ In Progress ☐ Incomplete ☐ Complete

Employment History:

Please provide the last 5 years of employment, including your current employer if you are currently working.

Employer Name: _____ Job Title: _____

Start Date: dd/mm/yyyy End Date: dd/mm/yyyy Reason for Leaving: _____

Emp. Type: ☐ Casual ☐ Full Time ☐ Part Time ☐ Seasonal City: _____ Province: _____

Employer Name: _____ Job Title: _____

Start Date: dd/mm/yyyy End Date: dd/mm/yyyy Reason for Leaving: _____

Emp. Type: ☐ Casual ☐ Full Time ☐ Part time ☐ Seasonal City: _____ Province: _____

Employer Name: _____ Job Title: _____

Start Date: dd/mm/yyyy End Date: dd/mm/yyyy Reason for Leaving: _____

Emp. Type: ☐ Casual ☐ Full Time ☐ Part time ☐ Seasonal City: _____ Province: _____

Other Skills:

Please provide any additional marketable skills you feel you possess that may not be covered under your educational or employment history. (eg. CPR, WHMIS, volunteer work, or computer skills, etc.)
