



Citxw Nlaka'pamux Assembly

Employment & Training Registration Intake & Client Needs Assessment

Client Intake

CNA 8 Participating Bands:

Please select the band you are registered with:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ashcroft | <input type="checkbox"/> Nicomen |
| <input type="checkbox"/> Boston Bar | <input type="checkbox"/> Nooaitch |
| <input type="checkbox"/> Coldwater | <input type="checkbox"/> Shackan |
| <input type="checkbox"/> Cook's Ferry | <input type="checkbox"/> Siska |

Contact Information:

First Name: _____

Last Name: _____

Date of Birth: _____

SIN # (Optional) _____

Status # _____

Phone: _____ Cell: _____ Work: _____

Email: _____

Address: _____ On/Off Reserve: _____

Driver's License (Circle one): **Yes / No** Class: _____ Expiry Date: _____

Do you have your own transportation or access to transportation? **Yes / No**

If you don't have a driver license, are you able to get one? **Yes / No**

Would you like to be added to our Distribution list? **Yes / No**



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Education & Training:

Check all that apply;

- Less than Grade 12
- High School Diploma
- GED or Equivalent
- Some Post-Secondary
- Apprenticeship/Trade Certification
- College Certificate or Diploma
- University

Please list all completed education and training:

<u>School/Area of study</u>	<u>Year Completed</u>
1.	
2.	
3.	
4.	
5.	

Are you currently participating in other programs?

Check all that apply:

- Adult Upgrading
- ASETS or SASET
- Band
- Work BC
- Other _____

Are you interested in participating in other programs?

Check all that apply:

- Adult Upgrading
- ASETS or SASET
- Band
- Work BC
- Other _____



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Employment & Training

Are you:

- Employed
- Unemployed

Are you:

- Actively on EI Benefits
- Social Assistance
- Been on EI in the Past 5 years

Are you currently looking for work?

- Yes
- No

What type of work are you looking for?

Do you want full-time or part-time?

- Full-time
- Part-time
- Doesn't Matter

What time of day do you want to work?

- Daytime
- Evenings
- Weekends
- Anytime

Are you willing to relocate for employment?

- Yes
- No

Do you have a resume?

- Yes
- No

Do you have a cover letter?

- Yes
- No

Any Mental Illness or Disabilities: _____

Have you taken training through CNA in the past? (Circle one): **Yes / No**

If yes, what CNA training did you take? _____



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Employment Barriers:

What's not working for your job search? (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Addiction Issues (drugs or Alcohol) |
| <input type="checkbox"/> Lack of stable housing | <input type="checkbox"/> Lack of work Experience |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Lack of education or training |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Lack of workplace certifications |
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> No resume and/or Cover Letter |
| <input type="checkbox"/> Mental Health Issues | |
| <input type="checkbox"/> Other: _____ | |

Workplace Certifications

Please select all that apply:

- Basic Chainsaw Safety and Maintenance
- Bear Awareness Training
- Confined Space Entry/Monitor
- CSTS-09
- Fall Protection Construction
- First Aid Level 1, 2, 3 _____
- Food Safe
- H2S Alive
- Keyboarding
- Microsoft Excel
- Microsoft Word
- OSSA Fall Protection
- S-100
- S-130
- S-185
- Sage 50
- Serving It Right
- Traffic Control
- Transportation Endorsement
- Transportation of Dangerous Goods
- WHMIS
- World host or First Host

Other: _____

Client Signature: _____ Date: _____