



# LOCAL LABOUR FORCE DEVELOPMENT SITAG CLIENT FORM

## PERSONAL INFORMATION

|  |  |                             |                      |
|--|--|-----------------------------|----------------------|
| SIN:   | <input type="text"/>   | Current Date (mm/dd/yyyy):  | <input type="text"/> |
| Surname:   | <input type="text"/>   | Date of Birth (mm/dd/yyyy): | <input type="text"/> |
| Given:   | <input type="text"/>   | Treaty Number:              | <input type="text"/> |
| First Nation:                                    | <input type="text"/>   |                             |                      |
| Contribution Area<br>(Location of First Nation): | <input type="text"/>   |                             |                      |
| C.A. Responsible:                                | <input type="text"/>   |                             |                      |
| Marital Status:                                  | Single: <input type="checkbox"/> Married: <input type="checkbox"/> Common Law: <input type="checkbox"/> Separated: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/> |                             |                      |
| Gender:  | Female: <input type="checkbox"/> Male: <input type="checkbox"/>  |                             |                      |
| Disabled:  | Yes: <input type="checkbox"/> No: <input type="checkbox"/>   | Type of Disability:         | <input type="text"/> |

### Residency Information

|              |  |
|--------------|--|
| Address:     | <input type="text"/>   |
| City / Town: | <input type="text"/>   |
| Province:    | <input type="text"/>   |
| Postal Code: | <input type="text"/>   |
| Phone:       | ( <input type="text"/> ) <input type="text"/> - <input type="text"/> |
| Messages:    | ( <input type="text"/> ) <input type="text"/> - <input type="text"/> |

### High School Information

|                         |   |
|-------------------------|---|
| Highest Grade Achieved: | <input type="text"/>  |
| Method Obtained:        | Adult Basic Education <input type="checkbox"/><br>General Education <input type="checkbox"/><br>Regular School <input type="checkbox"/> |
| Year Obtained:          | <input type="text"/>  |
| Dependants at Home:     | <input type="text"/>  |

## Case Management Information

|                     |  |                           |                      |
|---------------------|--|---------------------------|----------------------|
| Current Occupation: | <input type="text"/>                                       |                           |                      |
| Birth Place:        | <input type="text"/>                                       |                           |                      |
| Looking for Work?   | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | If No, Reason:            | <input type="text"/> |
| Refer to Employer:  | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Employment Barrier:       | <input type="text"/> |
| Employed Spouse?    | Yes: <input type="checkbox"/> No: <input type="checkbox"/> | Current Source of Income: | <input type="text"/> |
| Occupational Goals: | <input type="text"/>                                       |                           |                      |
| Comments:           | <input type="text"/>                                       |                           |                      |