Belka Enrichment Center

Registration Form

PRINT CLEARLY IN PEN

Today's Date _____ _____ _____ Day Month Year	**Gender:** ☐ **Male** ☐ **Female**	**Date Of Birth:** _____ _____ _____ Day Month Year	**Age** _____
Last Name		**First Name**	
Telephone – Home		**Telephone – Other**	
Address			**Apt.**
City	**Postal Code**	**Email**	
SIN #		**Health Card # (participants only)**	

Income Source

☐ Employment Insurance (EI) ☐ Applied For
Start Date_____ _____ _____ End Date_____ _____ _____
Day Month Year Day Month Year
☐ EI in the last 3 years
☐ Parental leave in the last 5 years
☐ No Income
☐ Ontario Works (OW)
☐ Ontario Disability Support Program (ODSP)
☐ Workplace Safety Insurance Board (WSIB)
☐ Other

Current Employment Status

☐ Full Time
☐ Part Time (Less than 20 Hrs/week)
☐ Not Employed
☐ Have never worked
☐ Have never worked in Canada

Education Status

☐ Student ☐ Full Time ☐ Part Time Course
☐ Non Student
☐ Are you returning to school?

Immigration or Citizenship Status

☐ Citizen
☐ Landed Immigrant
☐ Study Permit Expire Date: _____ _____ _____ Day Month Year
☐ Refugee Claimant
☐ Conventional Refugee
☐ Work Permit Expire Date: _____ _____ _____ Day Month Year

Languages spoken ☐ English ☐ French ☐ Other (please specify) _____

Family Status ☐ Single ☐ Married ☐ Other Number of Dependants _____

Highest Education level completed

High School ☐Yes ☐ No If no, please state Grade completed _____

	Program Name	Year	Country Completed in:
☐ Trade Certificate			
☐ College Certificate			
☐ College Diploma			
☐ University Degree			

Other Training

Union/Prof. Assoc./License(s)

If you received training outside of Canada, have you had your credentials assessed in Canada?
☐ Yes ☐ No

What type of work are you looking for?	1)		2)		3)	

Please list your 3 most recent employers

Company Name Most recent first	**Dates**	**Position**	**Reason for Leaving**
	to		
	to		
	to		

CONSENT

I hereby consent to the release of information and/or records to COSTI and Funders for the purpose of assisting me in finding employment. I also understand that this information may be used to generate statistical reports that may be released to Funders. All information collected is confidential and may not be shared with or released to others without my written permission. I agree to use the Employment Service facilities strictly for job search activities only.

Signature _____ Date _____ Staff Signature _____

OFFICE USE ONLY

Referral Source:

☐ SC ☐ Flyer ☐ TV/Radio ☐ Friend ☐ Other _____

Please indicate which program the client is referred to:	Has the client previously met with an:
☐ Employment Resource Centre Only	☐ Assessment Centre, when:
☐ Assessment Centre	☐ Job Connect Program, when:
☐ Job Connect Program	☐ Summer Jobs Service, when:
☐ Summer Jobs Service	
☐ Client Declined additional services at this time	
Orientation Completed by:	Time:
Entered by:	Membership ID Number:

Reflection/Status: