



CLIENT CONSENT  
and  
RELEASE OF INFORMATION

This consent and release of information is intended to allow Grand River Employment And Training (G.R.E.A.T.) to verify eligibility for potential financial assistance. The information will be maintained on a database established by G.R.E.A.T. to improve programs and services delivered by G.R.E.A.T.

I certify to the best of my knowledge that the above information is accurate and complete and I understand that it may be subject to verification by G.R.E.A.T. or its representative. I am aware that G.R.E.A.T. is retaining my personal information. I am aware that the staff members of G.R.E.A.T. may access this information and that this information may be seen during a Regulatory Audit. I give my consent for this information to be collected and disclosed through verbal/written communications in accordance with the Personal Information Protection & Electronic Data Act. I agree that my personal information may be disclosed to appropriate employers, educational institutions and Six Nations affiliated offices and agencies. I undertake to report to G.R.E.A.T. as soon as possible any changes in the above information.

I provide my consent to allow G.R.E.A.T. to request information from appropriate employers, educational institutions and Six Nations affiliated offices and agencies.

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Signature of G.R.E.A.T. Representative \_\_\_\_\_

Date \_\_\_\_\_

**Official Use Only:**

Identification Verified  Birth Certificate  Driver's License  Status Card  
 Social Insurance Card

Verified by: \_\_\_\_\_

Date: \_\_\_\_\_



GRAND RIVER SIX NATIONS

**BASIC CLIENT INTAKE FORM**

Please help us serve you better by keeping your information current.

Note: Additional information may be required at your next appointment.

Grand River Employment Training Inc.

**PERSONAL IDENTIFICATION**

S.I.N.: \_\_\_\_\_ (Social Insurance Number)

Title:  Mr  Ms  Ms.  Dr.  Miss

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Middle Initial(s): \_\_\_\_\_ Common Name: \_\_\_\_\_

Gender:  Female  Male Date of Birth: (yyy-mm-dd) \_\_\_\_\_

Citizenship:  North American Indian  Other Marital Status: \_\_\_\_\_

Preferred Language:  English  \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Disability:  No  Yes ( \_\_\_\_\_ )type Number of Dependents: \_\_\_\_\_

Social Assistance Recipient:  Yes  No Age of Dependents: \_\_\_\_\_

Status Number (no digits): \_\_\_\_\_ Residency:  on-reserve  off-reserve

Reserve:  Six Nations  Mississauga of the New Credit  Other: \_\_\_\_\_ (specify)

**Usual Place of Residency** (i.e. blue number, street number)

**Mailing Address** (if different than Usual Place of Residency)

Street/Road with #: \_\_\_\_\_ P.O. Box/Rural Route#: \_\_\_\_\_

City/town/Village etc.: \_\_\_\_\_ City/town/Village etc.: \_\_\_\_\_

Province/State: \_\_\_\_\_ Province/State: \_\_\_\_\_

Email Address: (optional) \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: Home Phone: ( ) - - Message Phone: ( ) - - Who's phone number is this?: \_\_\_\_\_

**EDUCATION INFORMATION**

Level (grade 12, diploma, degree)	Institution	Area of Study	City	Date Completed [yyy-mm-dd]
1				
2				
3				

Language Skills (English, Cayuga, Mohawk, French etc.): Good 'G'; Very good 'VG'; Average 'A'; Poor 'P'

English  Read (G, VG, A, P)  Write (G, VG, A, P)  Listen (G, VG, A, P)  Speak (G, VG, A, P)

Other:  Read (G, VG, A, P)  Write (G, VG, A, P)  Listen (G, VG, A, P)  Speak (G, VG, A, P)

**OTHER CERTIFICATES / TRADES**

Certificate / Trade	Level	Specialization	Years of Experience
1			
2			
3			

**DRIVER'S INFORMATION**

Class: \_\_\_\_\_ Number: \_\_\_\_\_ Prov: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ (yyy-mm-dd)

Do you have Reliable Transportation?:  Yes  No Are you willing to relocate?:  Yes  No

**EMPLOYMENT INFORMATION**

**Type of Employment you are looking for:**

Full-time  Part-time  Permanent  Contract  Resume/Cover Letter  Job Search  Training  Other \_\_\_\_\_

Employment Sought [Job Title]: \_\_\_\_\_ *If you have more than one choice, please advise your counsellor.*

**Employment History**

Employer	Title	Rate of Pay	Start Date [yyy-mm-dd]	End Date [yyy-mm-dd]	Reason for Leaving
1					
2					
3					

**OFFICIALS ONLY**

[Officials Only] Identification Verified:  Birth Certificate:  Driver's License:  Status Card:  Social Insurance Card

[Must include at least one (1) Photo (.JPG)]

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: This form MUST have a "Client Consent and Release of Information" completed and attached to be valid.**