TEWATOHNHI'SAKTHA

Registration Form for E&T Clients

Section A: Personal Information

First Name:	Last Name:	
Mohawk Name:	Middle Name:	
Date of Birth: day -- month -- year	10 Digit Band Number:	Age:
Address:	Phone # (Home):	Female☐ Male☐
Social Insurance #: -- --	Phone # (Cell):	
E-mail address:	Phone # (Work):	
Mother's Name:	Father's Name:	

Marital Staus: *Single* ☐ *Common Law* ☐ *Married* ☐ *Divorced/seperated* ☐

Spouse's Name:	Is your Spouse Employed? *Yes* ☐ *No* ☐
Do you have a valid Drivers Lisence? *Yes* ☐ *No* ☐	Do you own you own Transportation? *Yes* ☐ *No* ☐

☐**Class 1**(All Heavey Vihicles) ☐**Class 2**(Bus with more than 24 passangers) ☐**Class 3**(Truck over 4500kg with 2 axels or any truck with 3 or more axles)
☐**Class 4A**(Emergency Vehicle) ☐**4B**(Bus or minibus with 24 passangers or less) ☐**4C**(Taxi)
☐**Class 5**(Motor vehicle with 2 axles & total weight under 4500kg, recreational vehicle) ☐**Learner's Permit** ☐**N/A**

Language(s) Spoken: *Kanien'keha* ☐ *English* ☐ *French* ☐ *Other:* _____
Language(s) Written: *Kanien'keha* ☐ *English* ☐ *French* ☐ *Other:* _____

What is your current source of income? ☐*Work Full Time* ☐*Work Part Time* *At :* _____
☐*Social Assistance* ☐*Employment Insurance* ☐*Post Secondary* *Other:*_____

Have you been on Employment Insurance (EI) in the last 3 years? *Yes* ☐ *No* ☐

Section B: Academic History

High School Attended	Level /Grade Completed	Diploma Received?	Year

Post-Secondary Schooling	Program	Diploma Received?	Year

Vocational Schooling	Program	Diploma Received?	Year

Do you have other Training or Certification:	

Section C: Employment History

Occupation / Job Title	Name of Business / Employer	Duration Worked

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Section D: Claim for Dependents (a child, spouse, parent, or certain other relative who you financially support)

Dependent's Name	Relationship to you & Age	Birthdate	Do you receive child support?

Section E: What brings you to Tewatohnhi'saktha?

☐*Seeking Help and Advice (R esume writing, information)*	☐*Wish to Attend Vocational Program (start date)*_____
☐*Looking for Employment (Job Search)*	☐*Was referred by another organization:*
☐*Wish to Attend Academic Program* *(note: High School Transcript will be Required)*	*Other:*

Name of School and Program you wish to attend:

How did you learn about Tewatohnhi'saktha?

Section F: Declaration

I hereby agree that any and all information provided herein to Tewatohnhi'saktha can be shared and discussed with the MCK Social Development Program, the Membership Department, the Kahnawake Education Center organizations, First Nation Human Resources Development Commission of Quebec (FNHRCDQ), Human Resource Development Commission (HRDC) and Emplois Quebec for the purpose of varification of information; determining program/funding eligibility; to aid in statistical analysis and program design. I hereby declare that all the information provided by myself to Tewatohnhi'saktha is accurate and true to the best of my knowledge. _____***Initials.***

Client's Signature:	**Date:**

Section G: To be filled out by Employment & Training Counselor

Client's Short Term Goal (within the year):

Client's Long Term Goal (in 5 years):

Client has 30 day or 60 day process?	Time Frame: --	Do they qualify?
Does client have GED? If No, why did they drop out? (provide info to Sandra)	Does client have a resumé?	Client has transcript?
	Does client have trouble with reading, writing, math?	
Did client complete careercrusing.com assessment? Details:	Does client qualify for disibility funding? *Yes* *No* Details:	
EC Comments:		**ERS Login Information:** **Username:**
		Password:
Follow Up Meeting Date:	**Time:**	**Has client taken the ERS?**
Counselor:	**Date:**	

TEWATOHNHI'SAKTHA

Revised Registration Form October 2010

e-mail to kedc@kedc.biz or fax to 450.638.3276

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