

Canadian Career Moves Registration Form



Name: _____ SIN _____
First Last

Address: _____ Male Female

City: _____ Prov: _____ Postal Code: _____ Birth Date: _____
Month / Day / year

Home Ph: _____ Cell Ph: _____ Email: _____

E.I. STATUS / INCOME: Applied for Employment Insurance (AEI) <input type="checkbox"/> Applied for Income Assistance (IA) <input type="checkbox"/> On Employment Insurance (EI) <input type="checkbox"/> On EI within the last 3 years (R) <input type="checkbox"/> On maternal / parental EI within the last 5 years (R) <input type="checkbox"/> On Income Assistance (IA) <input type="checkbox"/> Was on EI now receiving IA (EI/IA) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/>	CITIZENSHIP: Canadian <input type="checkbox"/> Landed / Permanent Resident <input type="checkbox"/> Refugee Status <input type="checkbox"/> Other Status, specify _____ <input type="checkbox"/> <hr/> NEWCOMER TO CANADA: Less than one year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/>																		
EDUCATION: <i>Please indicate the highest level of education obtained</i> No formal education <input type="checkbox"/> Grade 1 – 6 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 13 <input type="checkbox"/> Post Secondary <input type="checkbox"/> Institute of Technology <input type="checkbox"/> Vocational Training / Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/>	ABORIGINAL: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Registered <input type="checkbox"/> <hr/> DISABILITIES: None <input type="checkbox"/> Agility <input type="checkbox"/> Hearing <input type="checkbox"/> Motor Skills <input type="checkbox"/> Speaking <input type="checkbox"/> Physical Health <input type="checkbox"/> Learning <input type="checkbox"/> Mental Health <input type="checkbox"/> Visual <input type="checkbox"/> Other <input type="checkbox"/>																		
LANGUAGES: English Spoken <input type="checkbox"/> Written <input type="checkbox"/>	Other Language/s: Spoken <input type="checkbox"/> Written <input type="checkbox"/> Specify: _____																		
EMPLOYMENT STATUS: Unemployed <input type="checkbox"/> Employed <input type="checkbox"/>																			
If you are currently employed are you working: Full time <input type="checkbox"/> or Part time <input type="checkbox"/> Average # of hours currently working per week: _____																			
What Difficulties Are You Facing In Your Job Search? (Check all boxes that apply to you) <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Length of unemployment <input type="checkbox"/></td> <td style="width:33%;">Require retraining <input type="checkbox"/></td> <td style="width:33%;">Lack of specific skills training <input type="checkbox"/></td> </tr> <tr> <td>Few available jobs in your field <input type="checkbox"/></td> <td>Require a résumé <input type="checkbox"/></td> <td>Lack of work experience <input type="checkbox"/></td> </tr> <tr> <td>Low self esteem / confidence <input type="checkbox"/></td> <td>Require job search skills <input type="checkbox"/></td> <td>Lack of suitable/ affordable day-care <input type="checkbox"/></td> </tr> <tr> <td>Lack of problem solving skills <input type="checkbox"/></td> <td>Low education <input type="checkbox"/></td> <td>Unsure of career possibilities <input type="checkbox"/></td> </tr> <tr> <td>English language skills <input type="checkbox"/></td> <td>Age <input type="checkbox"/></td> <td>Substance abuse issues <input type="checkbox"/></td> </tr> <tr> <td>Lack of Canadian experience <input type="checkbox"/></td> <td>Medical issues <input type="checkbox"/></td> <td>Other _____ <input type="checkbox"/></td> </tr> </table>		Length of unemployment <input type="checkbox"/>	Require retraining <input type="checkbox"/>	Lack of specific skills training <input type="checkbox"/>	Few available jobs in your field <input type="checkbox"/>	Require a résumé <input type="checkbox"/>	Lack of work experience <input type="checkbox"/>	Low self esteem / confidence <input type="checkbox"/>	Require job search skills <input type="checkbox"/>	Lack of suitable/ affordable day-care <input type="checkbox"/>	Lack of problem solving skills <input type="checkbox"/>	Low education <input type="checkbox"/>	Unsure of career possibilities <input type="checkbox"/>	English language skills <input type="checkbox"/>	Age <input type="checkbox"/>	Substance abuse issues <input type="checkbox"/>	Lack of Canadian experience <input type="checkbox"/>	Medical issues <input type="checkbox"/>	Other _____ <input type="checkbox"/>
Length of unemployment <input type="checkbox"/>	Require retraining <input type="checkbox"/>	Lack of specific skills training <input type="checkbox"/>																	
Few available jobs in your field <input type="checkbox"/>	Require a résumé <input type="checkbox"/>	Lack of work experience <input type="checkbox"/>																	
Low self esteem / confidence <input type="checkbox"/>	Require job search skills <input type="checkbox"/>	Lack of suitable/ affordable day-care <input type="checkbox"/>																	
Lack of problem solving skills <input type="checkbox"/>	Low education <input type="checkbox"/>	Unsure of career possibilities <input type="checkbox"/>																	
English language skills <input type="checkbox"/>	Age <input type="checkbox"/>	Substance abuse issues <input type="checkbox"/>																	
Lack of Canadian experience <input type="checkbox"/>	Medical issues <input type="checkbox"/>	Other _____ <input type="checkbox"/>																	

Consent to Exchange Confidential Information

The purpose of this form is to provide documented evidence that a client of Options Community Services (OCS) has given his/her consent for OCS personnel to exchange confidential information about him/her with specific individuals, and/or the personnel of a specific organization. No information regarding this client may be exchanged except that which is indicated below - except in the circumstances specified by the Society's Confidentiality Policy (see below).

CONFIDENTIALITY POLICY

Information on individual clients will be shared with individuals other than the employees, contractors, volunteers, auditors and/or accrediting authority of Options Community Services, only in the following circumstances:

a) **Written Consent:**

With the written consent of the client (or the parent or legal guardian of the client), the Society may release information to specified individuals or groups. In those programs where service may require frequent inter-organizational collaboration (e.g. case management at the employment center, or child protection cases) clients may be asked, during intake, to complete a *Consent to Exchange Confidential Information* form that permits regular information sharing with a specific agency;

b) **Safety Concerns:**

If there is sufficient reason to believe that a person's safety is at risk (e.g. if there is a real or perceived risk of abuse or neglect of children, homicide, suicide, assault, etc.), Society personnel may share information about the client with police, ambulance, child welfare authorities and/or other emergency personnel, and/or;

c) **Subpoena:**

If a file, or the testimony of an employee, contractor or volunteer of Options Community Services, is required through subpoena, the Society may be legally obligated to provide whatever information it has on a client. Information that clients share with personnel is not legally privileged.

name of agencies, organizations, programs or individuals that confidential information may be released TO and/or obtained FROM :	1. Employment Resource Centres
	2. Canadian Career Moves – Newton / North
	3. Ministry of Social Development – Government of BC
	4. Any person or organization nominated by the Province (see statement below)

consent is for (✓ all that apply):	<input checked="" type="checkbox"/>	verbal
	<input checked="" type="checkbox"/>	written
	<input checked="" type="checkbox"/>	electronic
	<input checked="" type="checkbox"/>	Unlimited (all agencies specified above)
	<input checked="" type="checkbox"/>	Video-taped interviews (if attending the Interview Workshop)

I, (print name) _____

- a) Acknowledge and agree that the Coordinator may at any time assign to the Province or to any person or organization nominated by the Province, all the Coordinator's rights and obligations under the agreement between the Coordinator and me respecting my participation in the Project;
- b) Acknowledge that at the request of and as directed by the Province, the Coordinator will deliver to the Province, or to any person or organization nominated by the Province, all records and other materials, including my personal information, produced or obtained by the Coordinator with respect to me and my participation in the Project (the "Client File"); and
- c) Consent, to the Coordinator delivering my Client File to the Province, or to any person or organization nominated by the Province.

By signing below, I/we acknowledge that I/we have read the information provided on this form and

- Give my/our consent for the personnel of Options Community Services Society to release confidential information to, and/or obtain confidential information from, those indicated above;
- Have been notified about Options' "Clients Rights and Responsibilities" including potential video-taping in Interviewing workshop; and have been given the opportunity to have any questions answered.

X

signature of client or client's parent/guardian

date