

RUPERTSLAND INSTITUTE
 Client Registration Form
 Apprenticeship Service Program

Referral

How did you hear about the program? (Check appropriate item)				
Facebook	Other Social Media	Internet Search	Word of Mouth	Events
Other(specify): _____				

Personal

Legal Family Name:		First Name:		Middle Initial:
Date of Birth: (yyyy/mm/dd)	Gender: Female Male	Do you identify as: Métis First Nations		Other: _____
Mailing Address:				
City/Town:		Province:	Postal Code:	
Email:		Home Phone:	Cell Phone:	
Citizenship: Canadian Permanent Resident				
Other: _____				

Education

Grade Level Completed:	Institution:	Province:	Completed: (yyyy/mm/dd)
GED Completed (If Applicable)	Institution:	Province:	Completed: (yyyy/mm/dd)
Post-Secondary Education (All that Apply): Certificate Diploma Degree Trade			
Post-Secondary Program(s):			
Institution(s):		Province:	Completed: (yyyy/mm/dd)

Safety Ticket

Check all current safety tickets if applicable. (Input dates in yyyy/mm/dd format)			
First Aid	Confined Space	H2S	WHIMIS
Expiry:	Expiry:	Expiry:	Expiry:
Fall Protection	TDG	Ground Disturbance	PST/CSTS
Expiry:	Expiry:	Expiry:	Expiry:
Other Tickets (Specify):			
Do you have the appropriate equipment and tools required for employment?			
Yes No N/A			

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Employment

Do you have a current resume?		
Yes No		
Most Recent or Current Employer		
Employer:	Job Title:	Wage:
Duties:		
Reason for Leaving:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)
Second Most Recent Employer		
Employer:	Job Title:	Wage:
Duties:		
Reason for Leaving:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)
Third Most Recent Employer		
Employer:	Job Title:	Wage:
Duties:		
Reason for Leaving:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)
Fourth Most Recent Employer		
Employer:	Job Title:	Wage:
Duties:		
Reason for Leaving:	Start Date: (yyyy/mm/dd)	End Date: (yyyy/mm/dd)

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Confidentiality & Consent Form

The information is collected under the authority of Employment and Social Development Canada (ESDC). It is used to determine program eligibility, to conduct program evaluation and to fulfill contractual obligations with ESDC. Rupert's Land Institute may disclose such information when we are legally required and authorized to do so.

Under the provisions of the Privacy Act of Canada and the Alberta Freedom of Information and Protection of Privacy Act, individuals have the right to protection of, and access to, their personal information. Instructions for obtaining personal information are available by contacting the RLI Director of Métis Training to Employment – Rupert's Land Institute, 2300, 10123-99 Street, Edmonton, AB T5J 3H1

CLIENT AUTHORIZATION FORM (to be completed by the client and/or legal representative)

I, the undersigned, have read and understand this form. I acknowledge that the information provided by me, or my representative is accurate and truthful. I authorize Rupert's Land Institute to collect, verify and supplement the information requested in this form.

First Name:	Middle Initial:	Last Name:
Signature:		Date: (yyyy/mm/dd)
If signing on behalf of a client: I am the Client's: (select one) Parent Guardian Legal Representative		Printed Name: