

# Workplace Education Service Registration Intake Form

Program Name: \_\_\_\_\_

Agreement # \_\_\_\_\_ Instructor Name: \_\_\_\_\_

## Person Information

Title:  Mr.  Mrs.  Ms.  Miss

Last name:

First Name:

Middle initial:

Gender:

- Male  Female  
 Other/X  Prefer not to report

Birth date:

Marital status:

- Common-Law  Divorced  
 Married  Single  
 Separated  Widowed  
 Other  Prefer not to report

Home phone number:

Mobile phone number:

Email address:

Other Language:

- English  French

Service language:

- English  French

## Mailing Address

Care of:

Street address:

City:

Province:

Country:

Postal/Zip code:

## Civic Address (if different than mailing address):

Street address:

City:

Province:

Country:

Postal/Zip code:

# Workplace Education Service Registration Intake Form

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Agreement # \_\_\_\_\_

Instructor Name: \_\_\_\_\_

## Additional Information:

Intake - How many dependents do you have?

Intake - Is your current job unstable or insecure?

Yes  No  Prefer not to report

Designated Group - Aboriginal Identity

Yes  No  Prefer not to report

Designated Group - Immigrant

Yes  No

Designated Group - Immigration Year

Designated Group - Persons with Disabilities

Yes  No  Prefer not to report

Designated Group - African Nova Scotian

Yes  No  Prefer not to report

Designated Group - Francophone / Acadian

Yes  No  Prefer not to report

Designated Group - Youth

Yes  No  Prefer not to report

Designated Group - Visible Minority

Yes  No  Prefer not to report

## Pre-Intervention - Education Level (Choose One)

Less than Grade 6 Complete

Less than Grade 9 Complete

Less than Grade 11 Complete

Completed Grade 11

Some Grade 12

High School Diploma

High School Equivalent

Trade/Apprenticeship Incomplete

Non-University Incomplete

Trade/Apprenticeship Complete

University Certificate / Diploma

Non-University Certificate / Diploma

University Incomplete

University Degree

Master's Degree

PhD (Doctorate)

Other

Prefer not to report

## Immediate Outcome: Employment Status (Choose One)

Employed

Not employed

Self Employed

Not Reported

Participant Employer: Business Sector (NAIC)

Participant Employer: # Business Employees

Participant's Employer Name: