

FOR OFFICE USE ONLY

Protected B

Counsellor's Name: _____ Appointment Time: _____ AM/PM
 Initial Appointment: _____ (DD/MM/YY) Interpreter's Name: _____
 Client Name (L/F): _____ Client File Number: _____

PLEASE PRINT CLEARLY

Referral Information:

How did you hear about this program?

- Community Agency Community Event Employer English Language Training
 Friend/Relative HRDC Ontario Works Past Client
 Walk-in Website/Social Media
 Other (please specify): _____

Do you have a spouse or family member that is accessing or has accessed our services before?

- Yes No

Are you registered, or have you been referred with another agency?

- Yes (please indicate referral below) No

Referred by:

- College Boreal Community Employment Services Fanshawe
 Elgin Employment Services GAIN/Community Employment Choices
 Goodwill London Employment Help Centre
 London Training Centre LUSO Community Services
 Nokee Kwe Ontario Works
 Pathways Youth Opportunities Unlimited
 Other (please specify): _____

Who is your contact at the referral source?

Please provide name and contact information if available: _____

Contact and Personal and Information:

Last Name: _____

First Name: _____

Middle Name: _____

Gender: Female Male Undisclosed

Date of Birth: _____ DD/MM/YYYY Email Address: _____

Address: _____
Unit/Apt # Street Number Street Name

City Province Postal Code

Primary Telephone Number: _____ is this a Home | Land Line Cell | Mobile
Area Code/Telephone/Extension

Alternative Telephone Number: _____ is this a Home | Land Line Cell | Mobile
Area Code/Telephone/Extension

Social Insurance Number: _____ - _____ - _____

Other Demographic Information:

What is your first language? _____

What other languages do you speak? _____

How many individuals live in your household? _____

Number of Dependents:

Please indicate relationship: ___ Parent ___ Spouse ___ Children:

___ Under Age 5 ___ 6-12 years ___ 13-18 years ___ Over 18 years

___ Child in Post-Secondary School

What is your primary source of income?

- | | | |
|--|--|---|
| <input type="checkbox"/> Canada Pension Plan | <input type="checkbox"/> Crown Ward Extended C | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Employed–Casual/Temp | <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Employed Full-Time |
| <input type="checkbox"/> Employment Insurance (EI) | <input type="checkbox"/> EI Reach Back | <input type="checkbox"/> Government Sponsored |
| <input type="checkbox"/> No Income | <input type="checkbox"/> ODSP | <input type="checkbox"/> OSAP |
| <input type="checkbox"/> Relative Support | <input type="checkbox"/> Savings | <input type="checkbox"/> Second Career |
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Severance | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Work Experience | <input type="checkbox"/> Worker’s Comp |
| <input type="checkbox"/> Ontario Works (OW), please provide the following: _____ | | Member ID: _____ |

Case Worker Team/Name: _____ Contact Number: _____

Were You Born in Canada? Yes(Proceed to Education Section) No(Complete Immigration Profile Section)

Immigration Profile:

Immigration Number: _____

Document Source for Immigration Number:

- | | |
|---|--|
| <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> Temporary Resident / Minister’s Permit/ Work Permit |
| <input type="checkbox"/> Record of Landing Document | <input type="checkbox"/> Confirmation of Permanent Residence Document |

Under what class did you arrive in Canada?

- | | | |
|---|---|--|
| <input type="checkbox"/> Convention Refugee | <input type="checkbox"/> Family Sponsored | <input type="checkbox"/> Investor (Independent Business) |
| <input type="checkbox"/> Live-in Caregiver | <input type="checkbox"/> Provincial Nominee Program | <input type="checkbox"/> Refugee Claimant |
| <input type="checkbox"/> Skilled (Independent Professional) | | |
| <input type="checkbox"/> Visa (Please Specify Type Below): | | |
| <input type="radio"/> Accompanying Spouse | <input type="radio"/> International Student | <input type="radio"/> Temporary Foreign Worker |
| <input type="radio"/> Temporary Resident Permit | <input type="radio"/> Other (please specify): _____ | |

Are you legally entitled to work in Canada? Yes No Work Permit Expiry Date: _____
DD/MM/YYYY

Current Status in Canada:

- | | | |
|--|---|--|
| <input type="checkbox"/> Canadian Citizen | <input type="checkbox"/> Convention Refugee | <input type="checkbox"/> Denied Refugee Claimant |
| <input type="checkbox"/> Live-in Caregiver | <input type="checkbox"/> Minister’s Permit | <input type="checkbox"/> Permanent Resident |
| <input type="checkbox"/> Refugee Claimant | | |
| <input type="checkbox"/> Visa (Please Specify Type): | | |
| <input type="radio"/> Temporary Foreign Worker | <input type="radio"/> Accompanying Spouse | <input type="radio"/> International Student |
| <input type="radio"/> Other (please specify): _____ | <input type="radio"/> Temporary Resident Permit | <input type="radio"/> Visitor |

Country of Birth: _____ **Date of Arrival in Canada:** _____
DD/MM/YYYY

Initial Landing Location (include province): _____

How long have you been in Ontario?

- | | | | |
|---|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 1 to 3 years | <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 5 years or more |
|---|---------------------------------------|---------------------------------------|--|

Are you considering moving away from Ontario?

- | | | | |
|-----------------------------|---|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, please specify: _____ | <input type="radio"/> Elsewhere in Canada | <input type="radio"/> Outside of Canada |
|-----------------------------|---|---|---|

What is the last country of residence where you have lived more than 7 years? _____

Immigration Profile (continued):

Is London the only city that you have lived in since arriving in Canada? Yes No

If no, where else have you lived include province? _____

How long have you been in your current City / Municipality?

Less than 1 year 1 to 3 years 3 to 5 years 5 years or more

Education:

What is your current educational status?

I am not a student Full-time student Part-time Student
Full-time training (including ESL) Part-Time Training (including ESL)

In your country of origin, what is the highest level of education you completed?

Elementary (please check highest grade completed): 0 1 2 3 4 5 6 7 8

Secondary (please check highest grade completed): 9 10 11 12 13/OAC

Certificate of Apprenticeship (please check type of certificate):

Journeyperson Other Vocational Certificate (please specify): _____

College (please check applicable box): Certificate Diploma Applied Degree

University (please indicate highest degree completed) Bachelor's Degree Masters Ph.D

Name the institution and country where highest level of education was completed:

 Level of Education Name of Institution Country

 Start Date DD/MM/YYYY End Date DD/MM/YYYY Name of Diploma/Certificate/Degree

Please provide a brief description of the program in which highest level of education was completed:

Were you a: Full-time student or Part-Time Student?

What licenses/trade certificates do you hold?

 Name of license/certificate Country of Issue Year of Issue

 Name of license/certificate Country of Issue Year of Issue

Employment:

What is your most recent occupation? _____

How many years of experience do you have in your occupation? _____

Do you have any Canadian work experience in your professional field? Yes No

If you answered yes, was this work at a level in keeping/commensurate with your years of experience in this professional field? Yes No

Do you have any Canadian work experience in a related professional field? Yes No

How many years have you been in Canada NOT practicing your occupation? _____

Are you currently looking to work in the same occupation? Yes No

If not, what occupation are you hoping to work in now? _____

Is this a: Regulated profession Regulated trade
Unregulated profession Unregulated trade Unknown

Are you currently working? Yes No

If yes, are you: Working in your field/occupation or Under-Employed?

Employment (continued):

What is the title of your current job? _____

What is your current hourly pay rate? _____ or your annual salary _____

Please list your work experience beginning with most recent, include paid, self-employed, unpaid, volunteer experience:

Name of Employer	JobTitle/Main Duties	
Country of Employment	Start Date DD/MM/YYYY	End Date DD/MM/YYYY
Reason for ending employment	Wage (please indicate if hourly, weekly, bi-weekly, monthly or annually)	
Number of hours worked per week _____		

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Number of hours worked per week _____		

What was the last job title you held outside of Canada? _____

What are your short-term employment goals? _____

What are your long term employment goals? _____

What types of work are you interested in doing? Please list in order of preference

1. _____
2. _____
3. _____

Please identify any necessary adjustments or accommodations at a job location that are required due to health or disability issues. For example: access and/or equipment needs

Consent to receive Commercial Electronic Messages:

Do you give your consent (permission) to receive commercial electronic messages and other communications from WIL Employment Connections and its sponsored projects?

- Yes, I give my consent, please provide email address _____
- No, I do not give consent.

Consent to Collect/Use/Release Information:

1. I, _____ authorize WIL Employment Connections and/or its sponsored programs (Access Centre for Regulated Employment/LMIEC/Skills International To collect/use/release personal information concerning my employment status and I consent to the use and exchange of that information for the purpose of referral, follow-up, job development, evaluation, maintenance of employment, training, school attendance and progress and/or vocational assessment.
2. I also agree to the release, collection and exchange of information between any of the following applicable funding sources: City of London Community Services Department, Ontario Ministry of Training, Colleges and Universities, Ontario Ministry of Citizenship, Immigration and International Trade, Citizenship and Immigration Canada.
3. I am requesting that the following agencies or persons are NOT contacted:
 - a) _____
 - b) _____
 - c) _____
4. The information to be shared may include data such as: Social Insurance Number, Social Assistance Case ID and information regarding:
 - Involvement in our programs
 - Progress toward finding employment
 - Ability to maintain employment or self-employment
5. From time to time you may be contacted to obtain relevant information by a third party including but not limited to the funding sources outline in Item two above. I understand that participation in third party requests is solely at my discretion.

This information is collected in accordance with the Freedom of Information and Protection of Privacy Act, R.S.O 1990, and where applicable the Immigration and Refugee Protection Act.(S.C. 2001 c. 27).

Confidentiality Agreement:

I understand that beyond the above mentioned reasons, information in my file will be kept confidential.

In person:

Date: _____ Signature: _____
DD/MM/YYYY

Signature of Witness on behalf of WIL Employment Connections _____ Date: _____
DD/MM/YYYY

Electronic Signature (please provide email address): _____

Date: _____
DD/MM/YYYY