

Acquiring Community-Based Employment Skills (ACES) Program Participant Intake Form

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS ON THE FORM. IF YOU HAVE ANY QUESTIONS ABOUT THE FORM PLEASE ASK PROGRAM STAFF. THANK YOU.

Start Date: _____ **Funding Stream:** _____

Legal Participant

Name (should match SIN): _____ / _____ / _____
First Name Middle Name(s) Last Name

Preferred Name: _____

Date of Birth: _____ / _____ / _____ **SIN (required):** _____
Year Month Day

Street and/or Mailing Address:

_____ Number Street

_____ City Postal Code

Email Address: _____

Phone Number: _____ Can we text you on this #? Yes No

Emergency Contact: Name _____ Relationship _____
 Number _____

Gender Identity (male, female, two spirited, non-binary, etc?): _____ Prefer Not to Report
 ❖ Preferred Pronouns (he/him, she/her, they/their, etc): _____

2. Marital Status: Married or Equivalent Single Prefer Not to Report

3. Do you have Dependents (children, etc)? Yes No Prefer Not to Report
 ❖ If yes, how many? _____

Immigration & Citizenship Information

4. Were you born in Canada? Yes No

➤ If 'no', what year did you immigrate? _____ and;

What is your Citizenship status? Canadian Citizen Permanent Resident Protected Person

5. What is your self-identified culture/ethnicity? _____ Prefer Not to Report

➤ If you identify as an Indigenous person, do you identify as: First Nations Metis Inuit

6. Are you a former or current Youth in Care (MCFD)? Yes No Prefer Not to Report

Education & Employment History

7. What is the highest level of Education you have attained? (choose one)

- Less than High School (not yet graduated)
- High School diploma or recognized equivalent
- Some post-secondary (college, university)
- Non-university certificate or trades certificate
- Diploma
- University Degree

8. What is your current employment status? (choose one)

- Employed
- Self-Employed
- In School or Training
- Not in the Labour Force
- Unemployed/on break up

➤ If employed or self-employed (required):

- A. Seasonal Temporary Casual Permanent None of the Above
- B. Average Weekly Hours: _____ Average Hourly Wage: \$_____/hr
- C. Do you feel secure in your current employment? (e.g. do you work enough hours? does it you're your employment goals? multiple job holding, contract/seasonal work, etc.) Yes No

9. Are you currently receiving Employment Insurance (EI) benefits? Yes No

➤ If 'yes', ACES Team Member to complete Section 25 documentation.

10. Are you a worker whose job/employment has been directly impacted by changes in the forestry sector (e.g. mill closures, stopping forest harvesting, etc.)? Yes No Unsure Prefer Not to Report

❖ Has your community been impacted by the changes above? Yes No Unsure Prefer Not to Report

11. What type of job do you hope to have upon program completion? _____

12. What barriers to employment do you consider yourself to be facing?

➤ check all that apply:

- Current/past criminal justice involvement
- Mental health challenges
- Have current/past substance use/misuse
- Identify as a person with a disability (refer to list as needed)
- Lack of recent and/or Canadian work experience
- Survivor of violence/abuse
- Limited English language skills
- Housing instability
- Other: _____
- Lack of basic employment skills (communication, motivation/initiative, reliability/dependability, following instructions, teamwork, managing emotions, etc.)
- Limited skills in:
 - Literacy (listening, speaking, reading, writing)
 - Financial literacy (budgeting, etc.)
 - Technology (smartphones, laptops/computers, etc.)