

# EMPLOYMENT RESOURCE CENTRE REGISTRATION FORM



**Name of Training:** \_\_\_\_\_

## Client Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

## ADDRESS

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Preferred Form of Communication Phone or Email (circle one)

First Nation \_\_\_\_\_ Band # \_\_\_\_\_

## EDUCATION

Current Education Level \_\_\_\_\_

## TRAINING INFORMATION

Do you currently have this training? \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_

Why are you taking this training?

\_\_\_\_\_  
\_\_\_\_\_

What other training would you be interested in taking?

\_\_\_\_\_  
\_\_\_\_\_

Are you currently a recipient of Ontario Works? YES No

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent/Guardian signature required if applicant in under 18 years old.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo & Information Release**

I hereby give permission for Curve Lake First Nation to publish my picture(s) and information (e.g. name, program involvement, and achievements).

- ☐ Print media (Curve Lake Newsletter);
- ☐ Social Network posts (Curve Lake Facebook, Instagram, etc.)

☐ **Yes**, images and written personal information (e.g. name, program involvement, and achievements)

☐ **Yes**, but images only (no written information)

☐ **No**, (Please do not include me in any published materials online or in print)

**By signing below,**

- ☐ I acknowledge having read this entire document; and,
- ☐ I grant my permission as outlined above.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

*Parent/Guardian signature required if student is under 18 years old.*

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Parent/Guardian**