

Career Development requires the Form 1.0 Client Intake Form to be completed. Incomplete Application will be ineligible for our training program.

This section is to be completed by Coordinator or Coach

Training Program Name		Funding under	1 - ISETS, 2 - SPF, 3 - Other:
Location of Course		Required Documents	
Notes:			

**1. Core Client Information**

Full Name:			Treaty Status #:	
Date of Birth:		SIN#	Heath Care #:	
Gender: Male Female Unknown	Marital Status: Divorced Married Separated Single Widowed			

**2. Client Contact information:**

Address:				
	House #	PO Box	Community	Postal Code
Phone #:	Email:			

**3. Indigenous Information**

Reserve: (circle one)	On Reserve	Off Reserve	On Other Reserve	Other:
First Nation: (circle one)	765 – Behchokq	769 Whatì	773 Gamèti	774 Wekweèti Other:

**4. Next of Kin/Spouse**

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone: & Address:			

## 5. HR Client (1 Personal under VENN)

Citizenship	Canadian	Treaty Status #	Dependants #		
Referred by:	Dene Wellness Health Centre	Economic Development Social Development	Education Walk In	Employer	
Aboriginal Group:	Registered Indian-1	Non-Status Indian-2	Métis-3	Inuit-4	
Languages Spoken:	Indigenous Languages (Tłı̨chǫ)		English	French	None listed
Languages Preferred:	English	French	Disability:		
Labour Force Category	Employed	Student	Unemployed		
Employment Readiness	Not Ready To Work	Ready to Work	Unable to Work		
License:	Class #	Prov	Expiring	Comment	

## 6. Assessment (Action Plan)

Employment Dimension	18 options, please discuss with CC or Coach.		Start Date of Action Plant:					
Employed Status (circle one)	Employed	Student	Unemployed					
Child Care Required? (circle one)	Y / N	Child Care Funding (circle one)	NA	EI/CFR	FNICCI	No Funding Subsidy	Daycare	Assisted
Employment Barrier (circle one)	None	Lack of Labour Education	Lack of Work Experience	Lack of Transport	Remoteness	Language	Other: _____	

## 7. Education (Action Plan)

Educations Level:	<input type="text"/>	Date Completed:	<input type="text"/>		
Institution:	<input type="text"/>	Certification:	<input type="text"/>	Discipline:	<input type="text"/>
Educations Level:	<input type="text"/>	Date Completed:	<input type="text"/>		
Institution:	<input type="text"/>	Certification:	<input type="text"/>	Discipline:	<input type="text"/>

## 8. Interventions (Action Plan)

Please take the time to arrange consultation with your Career Coordinator.

### 8.a - Record of Needs Assessment: is there demonstrated need for an intervention

Career Decision Making	Notes:
<ul style="list-style-type: none"><li>• Has research career/employment goal</li><li>• Occupation matches interests, values and person characteristics</li><li>• The occupation fits person /family circumstances</li><li>• Is aware of employment opportunities / labour demand in the areas where they prepared to work?</li><li>• Is there work for that occupation in the area?</li><li>• Knows where training can be obtained and training dates</li></ul>	
Skill Enhancement	Notes:
<ul style="list-style-type: none"><li>• What skills do they have now?</li><li>• Is skill level up to occupation demands?</li><li>• Communication and computer skills</li><li>• Labour force attachment – work experience meets industry standards?</li><li>• Job Market factors – is there a demand for these skills</li><li>• Income will provide current skills, provide sufficient earnings</li><li>• Self management skills appropriate for occupation</li></ul>	
Job Search	Notes:
<ul style="list-style-type: none"><li>• Favourable presentation / appearance</li><li>• Can handle job interviews?</li><li>• Understands and is able to prepare own resume?</li><li>• Resume is current and appropriate for employment prospects</li><li>• Has reliable transportation for work?</li><li>• Has telephone and message system in place for job search?</li></ul>	
Employment Maintenance	Notes:
<ul style="list-style-type: none"><li>• Does physical mental health affect employment?</li><li>• Does addictions affect employment?</li><li>• Do family issues affect employment?</li><li>• Is child-care with back up in place?</li><li>• Is housing adequate and affordable?</li><li>• What is the attitude and behavior to work?</li><li>• Can manage conflict, are they ready and willing to work?</li></ul>	

### 8.b - Employment Action Plan (Goal barrier, action steps)

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### 8.3 - Clearly stated Employment goal (not a training goal)

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### 9. Employment/ Qualification

Please take the time to arrange consultation with your Career Coordinator.

Notes:

### 10. Media Release & Consent Form

Name:	Phone Number:
Address:	

- A. I, \_\_\_\_\_, hereby consent to the use, reproduction and publication of photographs and video of me by the Client Services Department of the Tłıchq Government, its agents and assigns.
- B. I understand that by signing this form, I acknowledge the Client Services Department of the Tłıchq Government, its agents and assigns have asked for, and received, my permission to use these likenesses of me on government websites, social media, and in government documents and promotional materials in various media. Such likenesses may be reproduced electronically, alone or in composites.
- C. I understand that any representation of me on a government website will be accessible to anyone with Internet access, and that a copyright notice prohibiting the copying of material without the Client Services Department of the Tłıchq Government, written authorization will be posted on the website. I understand that the Tłıchq Government and the Departments are not responsible for and have no control over what other parties might do with these representations once published.
- D. I have read this release carefully. I understand its contents and I agree with its terms. I understand that by signing this consent form, I am waiving any legal rights I may have to the photographs. I am also consenting to the release of my name and hometown for the purposes of identifying me.

Signature:		Date:	
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IMPORTANT: If you are under 18 years of age, please have your parent or legal guardian read this document and complete the portion below, if they agree to its terms:

Signature of Parent/Legal Guardian:	Name of Parent/Legal Guardian:
Date:	Phone Number:

## 11. Client Declaration

I declare that the information submitted in this application is true, correct, and complete to the best of my knowledge. I also declare that the financial assistance sought will be used for the educational purposes as set out in the signed sponsorship agreement. I understand that if I have given any false or misleading information, I could be charged with a criminal offense and will be liable for full repayment of any assistance received.

I hereby give permission to Career Development, Client Services Department of The Tłıchq Government to verify the information in this application and approve access of my school records.

By signing this I give consent for Career Development, Client Services Department of The Tłıchq Government to release information contained in this form with Enrolment and Service Canada regarding to the ISET program.

Application Signature

Date

Career Development  
Signature

Date



# NWT APPLICATION FOR DRIVER'S LICENCE OR GENERAL IDENTIFICATION CARD DEMANDE DE PERMIS DE CONDUIRE OU DE CARTE D'IDENTITÉ GÉNÉRALE DES TNO

## SECTION 1 – TRANSACTION REQUEST / OBJET DE LA DEMANDE

I am requesting a / Je demande :

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Driver's Licence (DL) (first application)<br>un permis de conduire (première demande) | <input type="checkbox"/> Downgrade<br>un déclassement                    | <input type="checkbox"/> Upgrade<br>un passage à une classe supérieure |
| <input type="checkbox"/> Replacement DL/GIC<br>le remplacement d'un permis ou d'une CIG                        | <input type="checkbox"/> Re-instatement<br>un rétablissement             | <input type="checkbox"/> Address change<br>un changement d'adresse     |
| <input type="checkbox"/> Name or Gender change<br>un changement de nom ou de sexe                              | <input type="checkbox"/> Renewal<br>un renouvellement                    |  |
| <input type="checkbox"/> General Identification Card (GIC)<br>une carte d'identité générale (CIG)              | <input type="checkbox"/> Exchange/Transfer<br>un transfert ou un échange |  |

## SECTION 2 – DRIVER INFORMATION AND CITIZENSHIP / RENSEIGNEMENT SUR LE CONDUCTEUR ET LA CITOYENNETÉ

Surname / Nom	Given 1 / Prénom 1	Given 2 / Prénom 2	Given 3 / Prénom 3
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Home address (Street # & Name, Apt. #, Lot #, or description if applicable) Adresse résidentielle (n° et nom de rue, n° d'app., n° de terrain ou description)		Community / Collectivité	Postal Code / Code postal
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Mailing address (If different from above) Adresse postale (si elle diffère de l'adresse précitée)		Community / Collectivité	Postal Code / Code postal
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Home Telephone # / Téléphone (résidence)	Work Telephone # / Téléphone (travail)	Cellular Phone # / Cellulaire	Email Address / Courriel
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Date of Birth (DD-MM-YYYY) Date de naissance (JJ-MM-AAAA)	Eye Colour / Couleur des yeux	Hair Colour / Couleur des cheveux
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Weight (in kg or lbs) / Poids (en kg ou en lb)	Height (in cm or in feet) / Taille (en cm ou en pi)	Gender / Sexe <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

Citizenship: I am a citizen of the following country (or countries, in case of dual citizenship)  
Citoyenneté - Je suis citoyen du pays suivant (ou des pays suivants, dans les cas d'une double citoyenneté) :

Country #1 / Pays n° 1	Country #2 (if applicable) / Pays n° 2 (s'il y a lieu)
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

## SECTION 3 – CONFIRMATION OF DRIVING HISTORY / CONFIRMATION DES ANTÉCÉDENTS DE CONDUITE

Have you ever previously held a Northwest Territories Driver's Licence (DL)?  
Avez-vous déjà été titulaire d'un permis de conduire des Territoires du Nord-Ouest? Yes / Oui  No / Non

If yes, was it under another name?  
Si « oui », avait-il été émis sous un nom différent? Yes / Oui  No / Non

If yes, what was the other name?  
Si « oui », quel était cet autre nom?

Have you ever previously held a Driver's Licence (DL) from outside the Northwest Territories?  
Avez-vous déjà été titulaire d'un permis de conduire à l'extérieur des Territoires du Nord-Ouest? Yes / Oui  No / Non

If « Yes » Si « oui » :	Jurisdiction / Province, territoire, état ou pays	Class / Classe	Endorsements - Conditions / Mentions et conditions	DL Expiry Date Date d'expiration du permis
	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Has your DL been suspended or cancelled? / Votre permis a-t-il été suspendu ou annulé? Yes / Oui  No / Non

Do you have any pending suspensions? / Votre permis fait-il actuellement l'objet de suspensions? Yes / Oui  No / Non

If your previous licence has been suspended, cancelled, or has pending suspensions, please explain:  
Si votre permis précédent a été suspendu, annulé ou fait l'objet de suspensions, veuillez fournir une explication :

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## CLIENT SIGNATURE / SIGNATURE DU CLIENT

Signature : \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / jour Month / mois Year / année



**Apt. 106 1 Bartesko Court**  
**Yellowknife, NT X1A 3Z6**  
**Phone: (867) 445-5943**  
**Email: [abcdrivertrainingyknt@gmail.com](mailto:abcdrivertrainingyknt@gmail.com)**

To Whom it May Concern,

I give permission for **ABC Driver Training** to book drivers exams and move the exams for me as required.

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Full Name

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Date of Birth

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Client ID

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Signature

Training provided by Client Services Department of the Tłıchǝ Government for Tłıchǝ Citizens.