

CLIENT REGISTRATION FORM PICS PUBLIC WORKS TECHNICIAN TRAINING PROGRAM
 please fill this form and send it to PBLMT@pics.bc.ca

PLEASE USE BLOCK LETTERS AND WRITE CLEARLY THROUGHOUT

Last Name: _____ First Name: _____
 Date of Birth: _____ (dd/mm/yyyy) WorkBC Centre: _____
 Address: _____ Email: _____
 City: _____ Postal Code: _____ Telephone: _____

Emergency Contact Information

Full Name: _____ Relation: _____ Contact Number: _____

Gender: Male Female Other

Citizenship: Canadian Citizen Permanent Resident Other _____

Immigrated to Canada: Year of Immigration _____

Country of Origin: _____

Educational Background: Engineering Technical Industry

Employment Insurance (EI) Status:

- Active (EI)
- Reach back (EI in the past 60 months)
- Earned more than \$2,000 in insurable earnings and paid employee EI premiums on those earnings in at least 5 of the last 10 years. (Note: the 5 years do not have to be consecutive years)

How Did You Hear About the Public Works Technician Program?

- Service Canada Office
- Walk in / Signage
- Internet
- Community Centre
- Neighborhood House
- Friend/Family
- Previous Client
- Service Provider: _____
- Other: _____

EDUCATIONIONAL BACKGROUND AND TRAINING

- Technical Institute _____ yrs. Post-secondary _____ yrs.
- Bachelors Degree Year Attained _____ Discipline _____ Province, Country _____
- Masters Degree Year Attained _____ Discipline _____ Province, Country _____
- Doctorate Year Attained _____ Discipline _____ Province, Country _____
- Other Education or Training: _____

EMPLOYMENT OUTCOME (Client Preference)

<input type="checkbox"/> 1. Water Maintenance	<input type="checkbox"/> 2. Road Maintenance	<input type="checkbox"/> 3. Traffic Control	<input type="checkbox"/> 4. Waste Management
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CLIENT AUTHORIZATION TO DISCLOSE INFORMATION

PICS PUBLIC WORKS TECHNICIAN TRAINING PROGRAM

I, _____, authorize Progressive Intercultural Community Services Society (PICS), any other service providers, schools, and community agencies to disclose/exchange my personal information, including the usage of my photo and /or video in the following:

- My eligibility for Employment Benefit Programs for the Ministry of Social Development, Province of British Columbia
- Information regarding my training, employment history, needs, and income support
- Information regarding my progress and follow-up results on my Action Plan
- Attendance at scheduled interviews and interventions at the above agencies
- Information regarding marketing of the program

The information disclosed/exchanged will be treated as confidential and will be used only by the agencies listed above in conjunction with your application for service.

Client Signature: _____

Staff Signature: _____

Dated: _____