



YOUTH EMPLOYMENT CENTRE
 3159-3rd Avenue, Whitehorse YT, Y1A 1G1
Case Management Intake



Full Name: _____

Date of Birth: _____ Gender: Male Female Other

Address: _____

Phone# () _____ Email: _____

Do you have any children? YES NO # of Dependants: _____

Language(s): ENGLISH FRENCH OTHER

Are you: FIRST NATION NON-FN INUIT/METIS OTHER

Education, Training & Certificates

Are you currently in school? YES NO Where? _____

What's your highest level of education? _____

What Training/Certificates do you have? _____

I have a Valid Class _____ Driver's Licence

What training would make you more employable? _____

Employment & Income

Are you: Employed Self Employed Unemployed Student

If employed, where? _____

Doing what? _____

For how long/often? _____

Are you receiving: EI Student Assistance Income Support

What type of work are you looking for? _____

What have you done to find work? _____

What's your career goal? _____



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I declare the information I provided to the Skookum Jim Friendship Centre, Youth Employment Centre is true, correct & complete to the best of my knowledge. The financial support sought will be used solely for training or employment purposes described on this application. I understand that I will be liable for criminal proceedings or for full payment to the Skookum Jim Friendship Centre, Youth Employment Centre of my training/employment fees. I hereby give permission to the Skookum Jim Friendship Centre, Youth Employment Centre to verify information on this application. I will immediately notify the Skookum Jim Friendship Centre, Youth Employment Centre if I choose to withdraw from my program.

This information is protected under the Privacy Legislation & will be used for the administration of case management, contract monitoring & accountability.

Client Signature

Date