INTAKE FORM

CLIENT INFORMATION							
Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City		Province			Postal Code		
Phone Number		Alternate Number					
Email Address		SIN #			Gender	M ☐ F ☐	
Emergency Contact Name			Emergency Phone Number				
Country of Origin:		First Language:		Other Languages:			
Citizenship Status			Family Status: ☐ Common law ☐ Married ☐ Single				
Date arrived in Canada:			Are you planning a move:				
Dependents (age, gender, financially supporting?)			Are you planning to move outside Toronto area?				

EDUCATION
Highest Level of Education attained outside of Canada(if applicable)
Highest Level Attained in Canada?
Where Educated (country)?

THIS SECTION FOR NLCS STAFF USE ONLY			
Date:		Assigned to:	
Funder:			
Service:			

No Limits Consulting Services
Tel: (416) 452-3515
Email: nlcstoronto@gmail.com
Web: www.nolimitsconsultingservices.weebly.com
Twitter: @Coach_nolimits

INTAKE DEMOGRAPHICS

New Comer to Canada:

☐	No Canadian Born		
☐	Yes less than 6 months	☐	Yes less that 1 year but more than 6 months
☐	Yes Less than 2 years but more than 1 year	☐	Yes less than 3 years but more than 2 years
☐	No more than 3 years in Canada		

Level of English:

Speak	☐	Excellent	☐	Good	☐	Fair	☐	Poor
Read	☐	Excellent	☐	Good	☐	Fair	☐	Poor
Write	☐	Excellent	☐	Good	☐	Fair	☐	Poor

Non Canadian Work Experience:

☐	Less than 1 year	☐	1 year	☐	2 years
☐	3 to 5 years	☐	6 to 10 years	☐	11+ years
☐	Not Disclosed	☐	Does not apply		

Canadian Work Experience:

☐	Less than 1 year	☐	1 year	☐	2 years
☐	3 to 5 years	☐	6 to 10 years	☐	11+ years
☐	Not Disclosed	☐	Other		

Primary Source of Income (one only):

☐	Employed	☐	CPP/Pension/RIFF	☐	Severance
☐	Savings	☐	Training Allowance	☐	Shelter Allowance
☐	WSIB	☐	ODSP	☐	Parents/Guardian/Family
☐	EI	☐	Ontario Work	☐	Spouse/Partner
☐	Student Loan	☐	Long term disability	☐	Other

Barrier (check all that apply):

☐	Poor Employment History	☐	Learning Disability	☐	No/Limited Canadian Experience
☐	Mental Health Disability	☐	Language Barrier	☐	Developmental/Intellectual Disability
☐	Age Barrier(50+)	☐	Physical Disability	☐	Personal/Family Issues
☐	Addiction Issues	☐	Medical Barrier(ex Bad Back)	☐	Conflict with Law
☐	Learning Disability	☐	No Significant Barrier	☐	

How did you hear about No Limits Consulting Services?

☐	Community Agency	☐	Legal
☐	Helping Professional(Doctor, Psychologist)	☐	Promotional Materials
☐	Government(Municipal, Provincial)	☐	Website
☐	Word of Mouth	☐	Other

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EDUCATION

Junior/High School	What grade last completed?	If not graduated, why not?	Your Diploma Received

Post Secondary (any continuing education, University, College, Apprenticeships, Workshops, Licensing, and Trade.

Name of school/course	Completed?	If not, Why? Last Grade?	Length of Program	Graduating Year

Comments/ Difficulties?
Professional Memberships/Associations:
Did you complete a co-op placement? ☐ YES ☐ NO If YES please provide details below:
Have you taken ELS Classes? ☐ YES ☐ NO , if YES please provide details below:

Have you been involved with any other training classes or programs? Other Certifications?
What Computer skills do you have?

EMPLOYMENT

Attached Resume ☐ YES ☐ NO

Company Name:	Job Title:
From/To:	Salary:
Job Responsibilities/ Description:	
Why did you leave?	

Company Name:	Job Title:
From/To:	Salary:
Job Responsibilities/ Description:	
Why did you leave?	

Company Name:	Job Title:
From/To:	Salary:
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From/To:	Salary:
Job Responsibilities/ Description:	
Why did you leave?	

Company Name:	Job Title:
From/To:	Salary:
Job Responsibilities/ Description:	
Why did you leave?	

VOLUNTEER WORK:

Organization Name:	Job Title:
From/To:	
Duties:	
Organization Name:	Job Title:
From/To:	
Duties:	

REFERENCES:

1.
2.
3.

SPECIAL INTERESTS, HOBBIES AND SKILLS:

List your current entry-level job preferences based upon your current education and related work experience:

1.
2.
3.
4.

HEALTH

What are your disability needs:
Do you have any physical limitations, please specify:
If you have been diagnosed with a mental health disorder, please specify:
Addictions, please specify:
Hospitalizations? (please provide dates and reasons for hospitalizations)

Give a complete listing of the medications you are taking currently	For what treatment?	Since when?

Do you experience any side effects from medications?

Reported Physical Restrictions:

☐	Standing	☐	Walking	☐	Bending	☐	Sitting
☐	Lifting	☐	Kneeling	☐	Environmental	☐	Other

What other Restrictions do you have, to have employment (please explain)

Taking Public Transit:
Child Care/ dependents:
Hours of Work:
Days of Work:
Other:

Please list any previous or ongoing testing, personal/family counseling, medical or psychiatric services:

Name of Doctor/Social Worker/RN	**Organization/Telephone Number**	**Dates**

What is your funding source (how are you getting by month to month)?

Which is your dominant hand?	☐ R	☐ L
Do you wear glasses?	☐ YES	☐ NO
Do you require special equipment for disability? If yes please explain:	☐ YES	☐ NO
Do you have a driver's license?	☐ YES	☐ NO
Do you have access to a car?	☐ YES	☐ NO
Have you been charged with a crime?	☐ YES	☐ NO

Any other additional information that you would like No Limits Consulting Services to be aware of:

CLIENT SIGNATURE: **DATE**:

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