



# Employment and Skills Development Student Information Sheet

Name

SIN

DOB (M/D/Year)

Gender

Membership #

Address

City

Province

Postal Code

E-mail

Phone

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Marital Status

Single

Married

Common-Law

Are you a person with a disability?

Yes

No

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Highest level of education

Year completed

Program applied for

Program start date

Program end date

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I certify this information to be true and correct to the best of my knowledge and will advise the NCC Employment and Skills Development staff of any changes to the above immediately.

Client Signature

Date