



Saamis Employment and Training Client Information Form

Last Name: _____ First Name: _____

Address: _____

Contact information: Phone _____

Email _____

Canadian Citizen YES NO

Drivers Licence YES NO

Rely on public transport YES NO

Saamis Employment and Training will use this information to contact you and set up an appointment for registration and employment counselling. By submitting this form, you are giving your permission to be contacted.