



# COMMUNITY SERVICE AND TEACHER DEVELOPMENT PROGRAM

*Intent to Register*  
2024 - 2025

**Please Print**

LEGAL LAST NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

LEGAL FIRST NAME: \_\_\_\_\_ MIDDLE NAME(S): \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ PREFERRED PRONOUNS: \_\_\_\_\_

GENDER: MALE:  FEMALE:  ALTERNATE GENDER IDENTITY:  DECLINE TO ANSWER:

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
                    APT #                      STREET #                      STREET NAME

ARE YOU A RESIDENT OF WINNIPEG? YES  NO  AREA: \_\_\_\_\_

PRIMARY PHONE: ( \_\_\_\_ ) \_\_\_\_\_ OTHER CONTACT: ( \_\_\_\_ ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ S.I.N.: \_\_\_\_\_  
                    Month                      Day                      Year

DO YOU HAVE A DISABILITY? YES  NO

## HERITAGE

STATUS                       NON – STATUS                       MÉTIS                       INUIT                       OTHER: \_\_\_\_\_

## EDUCATION AND TRAINING

PROGRAM APPLYING FOR: CSTDP

LAST SCHOOL ATTENDED: \_\_\_\_\_ YEAR ATTENDED: \_\_\_\_\_

### WHAT IS THE LAST GRADE YOU COMPLETED?

GRADE 9                       GRADE 10                       GRADE 11                       GRADE 12

DO YOU HAVE A GRADE 12 DIPLOMA: YES  NO

## CURRENT SOURCE OF INCOME

BAND FUNDED                       EMPLOYED FULL TIME                       EMPLOYED PART TIME  
 EMPLOYMENT INSURANCE                       EMPLOYMENT AND INCOME ASSISTANCE                       OTHER: \_\_\_\_\_

MMF CARD NUMBER: \_\_\_\_\_ TREATY NUMBER: \_\_\_\_\_ EIA NUMBER: \_\_\_\_\_

BAND: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ CONTACT FAX NUMBER: \_\_\_\_\_

EI/ETS/TES OFFICE LOCATION: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ CONTACT FAX NUMBER: \_\_\_\_\_

EIA OFFICE LOCATION: \_\_\_\_\_ CONTACT PHONE NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ CONTACT FAX NUMBER: \_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

