

# JobLinks Registration Form

## Additional Questions:

Source of Income:

\_\_\_\_\_

AISH

\_\_\_\_\_

PDD

\_\_\_\_\_

IS

\_\_\_\_\_

AB other

Barrier to Employment:

\_\_\_\_\_

Physical

\_\_\_\_\_

Mental Health

\_\_\_\_\_

Developmental

Do you currently have an Employment Insurance (EI) claim established? \_\_\_\_\_

Did you recently apply or do you plan to apply for EI benefits? \_\_\_\_\_

Have you received EI benefits in the last 3 years? \_\_\_\_\_

Have you received Maternity or Parental benefits in the last 5 years? \_\_\_\_\_