



PROTECTED B

CLIENT REGISTRATION FORM

Date Received: _____

Legal name (as shown on Immigration Doc)		Nickname		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Last name	First Name			
Street Address	City	Prov.	Postal Code	
Date of Birth dd/mm/yy		Email		
Home phone		Cell Phone		
Country of Birth	First Language	Level of Education		
Do you have school-aged children? <input type="checkbox"/> Yes → Please fill out DOCUMENTS NEEDED FOR SWIS as well <input type="checkbox"/> No				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married (Spouse Name: _____) <input type="checkbox"/> Common-law (Spouse Name: _____)		Emergency Contact Information Name : _____ Phone : _____		
Status				
Immigration Status <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Naturalized Canadian <input type="checkbox"/> Approval in Principle <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other (_____)			Date Granted dd/mm/yy	
Category <input type="checkbox"/> Family Class <input type="checkbox"/> Live-in Caregiver <input type="checkbox"/> Skilled Worker <input type="checkbox"/> Business <input type="checkbox"/> Canadian Experience Class <input type="checkbox"/> PNP <input type="checkbox"/> Other (_____)			Date of Arrival dd/mm/yy	
PR Card Number	Landing Place	CLB (if Known)	Other Languages (speak, read, write)	

DO YOU CONSENT OR AGREE TO SHARING YOUR CONTACT INFORMATION WITH THE GOVERNMENT OF CANADA FOR PROGRAM RESEARCH AND EVALUATION PURPOSES?

Yes No

DO YOU CONSENT OR AGREE TO SHARING YOUR CONTACT INFORMATION WITH OTHER CIS STAFF TO HELP YOU BETTER?

Yes No

Please complete both sides→

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Programs (Indicate Areas of Interest)	*CIS Staff Only
<p>Settlement</p> <p><input type="checkbox"/> Needs assessment/referral (intake, settlement plan)</p> <p><input type="checkbox"/> Information/orientation</p> <p><input type="checkbox"/> Employment Counselling (EPBC, Settlement)</p> <p>LINC *Please fill out LINC INTAKE REGISTRATION FORM as well.</p> <p><input type="checkbox"/> LINC (English Assessment, Classes, Self-Funded, Tutoring, Conversation Group)</p> <p>Volunteer *Please ask reception for Volunteer Registration Form.</p> <p><input type="checkbox"/> Volunteering</p>	<p>Others</p> <p><input type="checkbox"/> SWIS - Settlement Worker in Schools (facilitating success for students and families)</p> <p><input type="checkbox"/> Community Connections (Host Program, Professional Bridging, tutoring)</p> <p><input type="checkbox"/> Youth Activities (MLG, Compassionate Leaders)</p> <p><input type="checkbox"/> English Club</p>
<p><input type="checkbox"/> CIC <input type="checkbox"/> BC <input type="checkbox"/> Other</p>	
<p>Comments and Action</p>	

The Cowichan Intercultural Society does not offer, share, sell or otherwise provide access to any client information or information related to our client affairs except where specifically required by Federal or Provincial Law.

Client /Guardian Signature: _____

Date: _____

REMEMBER – You are in a new country with new and different laws. Make sure you are informed about your rights and responsibilities before signing anything!

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