



Date Received:	
BC/IRCC Client:	
Staff Name:	

# CLIENT REGISTRATION FORM

<b>Legal name (as shown on Immigration Doc)</b>		Nickname	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say
Last name	First Name		
<b>Street Address</b>	City	Prov. BC	<b>Postal Code</b>
<b>Date of Birth (dd/mm/yyyy)</b>	<b>Email</b>		
<b>Home Phone</b>	<b>Cell Phone</b>		
<b>Country of Birth</b>	<b>First Language</b>	Other Languages (speak, read, write)	
<b>Level of Education</b> <input type="checkbox"/> High school <input type="checkbox"/> University/College <input type="checkbox"/> Masters <input type="checkbox"/> Other ( )		<b>Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Do you have school-aged children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Marital Status</b> <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: )		<b>Emergency Contact Information</b> <b>Name:</b> <b>Phone:</b>	
<b>Status</b>			
<b>Immigration Status</b> <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Naturalized Canadian <input type="checkbox"/> Approval in Principle <input type="checkbox"/> International Student <input type="checkbox"/> International Mobility Program Worker (no LMIA) <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other ( )			
<b>Category</b> <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 ( )			
<b>Date Received (dd/mm/yy)</b>		<b>Date of Arrival in Canada (dd/mm/yy)</b>	
<b>PR Card or UCI Number</b>		Landing Place	

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

where cultures connect



**Programs (Indicate Areas of Interest)**

LINC (Language Instruction for Newcomers) English Class

English Language Mentoring Program

Francophone Integration Program

Employment Support and Assistance

Assistance from Settlement Workers (eg. Housing, applying for SIN, MSP)

Assistance from Settlement Worker in Schools (eg. School Registration)

Community Friendship Connections

Children, Youth and Family Support

Childcare, Early Childcare Program

Volunteer Opportunities

Groups - Men's Group

Women's Support Circle

Golden Connections/Connecting Seniors

Healing Art Class

Parents' Group

After School Activities

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!**

**Comments and Action**



## CLIENT LIABILITY WAIVER

**The information you will receive is general in nature and should not be considered legal advice. In all cases you should consult with a professional advisor familiar with your situation for advice concerning specific matters before making any decisions.**

Client /Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_