



CLIENT REGISTRATION FORM

| | | | | | |
|---|--------------------------------|-------------------------------|---|--|---------------|
| Last name (as shown on Immigration Doc) | | Given Name(s) | 1 st Name Most Commonly Used | <input type="checkbox"/> M <input type="checkbox"/> F | Date Received |
| Street address | | | | Date of Birth dd/mm/yy | |
| City | Prov | Postal Code | | Home phone () | |
| Country of Birth | First Language | Email | | Cell phone () | |
| Marital Status/ Spouse Name | Names & Birth Year of Children | Emergency Contact Information | | Level of Education | |

| Status | | | | | |
|---|---------------|---|--------------------------------------|--|-----------------|
| Immigration Status (permanent resident, naturalized Canadian, approved in principle, temp foreign worker, temp. resident, refugee etc.) | Date Granted | Category (family class, live-in caregiver, skilled worker, business, Canadian Experience Class, pnp etc.) | | | Date of Arrival |
| UCI | Landing Place | CLB (if known) | Other Languages (speak, read, write) | | |

Programs (indicate areas of Interest & need)

| | |
|---|---|
| <p><u>Settlement</u></p> <p>Needs assessment/referral (intake, settlement plan)</p> <p>Information/orientation</p> <p>Employment Counselling (EPBC, Settlement)</p> <p>LINC (English Assessment, Classes, Self-Funded, Tutoring, Conversation Group)</p> <p>SWIS - Settlement Worker in Schools (facilitating success for students and families)</p> <p>Community Connections (Host Program, Professional Bridging, tutoring)</p> <p>Youth Activities (MLG, Compassionate Leaders)</p> <p>English Club</p> <p>Volunteering</p> | <p>Comments and Action:</p> |
| | <p>DO YOU CONSENT TO SHARING YOUR CONTACT INFORMATION WITH THE GOVERNMENT OF CANADA FOR PROGRAM RESEARCH AND EVALUATION PURPOSES?</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>DO YOU WISH TO RECEIVE EMAILS FROM THE COWICHAN INTERCULTURAL SOCIETY WITH NEWS AND INFORMATION?</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>CIC <input type="checkbox"/> BC <input type="checkbox"/> Other _____</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



LINC Information

| | |
|---|---|
| 1) Who referred you to the Cowichan Intercultural Society? (✓check one only) | |
| <input type="checkbox"/> not referred | <input type="checkbox"/> community centre / library |
| <input type="checkbox"/> family / friends | <input type="checkbox"/> employer / co-worker |
| <input type="checkbox"/> school | <input type="checkbox"/> immigration consultant / lawyer |
| <input type="checkbox"/> other settlement service provider | <input type="checkbox"/> government publication / brochure / website |
| <input type="checkbox"/> Canadian government agency | <input type="checkbox"/> non-government publication / brochure / website |
| <input type="checkbox"/> in-Canada information session | <input type="checkbox"/> ethnic or religious organization |
| <input type="checkbox"/> overseas information session | |
| 2) Have you had English language training before? | |
| <input type="checkbox"/> no | <input type="checkbox"/> yes, free training in Canada (funded by community/government agency) |
| <input type="checkbox"/> yes, before coming to Canada | <input type="checkbox"/> yes, paid training in Canada (at a private language school) |
| | <input type="checkbox"/> yes, online training in Canada |
| 3) Do you have any special learning needs? | |
| <input type="checkbox"/> no | <input type="checkbox"/> blind or partially sighted |
| | <input type="checkbox"/> deaf or hard of hearing |
| | <input type="checkbox"/> other |
| Can you read and write in your own language? | |
| | <input type="checkbox"/> yes |
| | <input type="checkbox"/> no(ESL literacy learner) |
| 4) What time of day do you wish to attend classes? | |
| | <input type="checkbox"/> full-time (full day) |
| | <input type="checkbox"/> part-time |
| <input type="checkbox"/> morning | <input type="checkbox"/> afternoon |
| <input type="checkbox"/> evening | <input type="checkbox"/> weekend |
| | <input type="checkbox"/> anytime |
| | <input type="checkbox"/> online |
| 5) Are you comfortable taking classes online? | |
| | <input type="checkbox"/> yes |
| | <input type="checkbox"/> no |
| | <input type="checkbox"/> yes, with assistance |
| 6) What support services do you need to participate in language training? | |
| <input type="checkbox"/> none | <input type="checkbox"/> child care |
| | <input type="checkbox"/> transportation |
| | <input type="checkbox"/> provision for disabilities |
| 7) What is your <u>main</u> reason for taking language training at this time? (✓check one only) | |
| <input type="checkbox"/> find employment | <input type="checkbox"/> get more education |
| | <input type="checkbox"/> participate in Canadian society |
| | <input type="checkbox"/> acquire citizenship |

Do you have any medical issues that the teacher should be aware of in case of emergency (e.g. medications, diseases like diabetes, heart disease, history of stroke)? _____

Form Completed by: _____

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!