CHWK COMMUNITY SERVICES

IMMIGRANT SERVICES APPLICATION

***Please include a photocopy of your Immigration Document**

CLIENT INFORMATION:				
Client ID Number			**Date of Birth**	M ____ D ____ Y _____
Family Name			**First Name**	
What name do you go by?		**Please circle:** Mr. Ms. Mrs.	**Phone Number (Home)**	
Preferred Official Language ☐ English ☐ French			**Phone Number (Cell)**	
Email			☐ I do not have an E-mail Account ☐ I would like to learn basic computer skills	
Address			**Postal Code**	

Do you consent to sharing your contact information with the Government of Canada for program research and evaluation purposes? ☐ Yes ☐ No

How did you hear about us?

☐ Friend/ Family ☐ Website ☐ Newspaper ☐ Radio ☐ Phone Book ☐ Sandwich Board
☐ Other Service Organization (please list) ☐ Other (please list)

_____

Do you have any special needs that we should be aware of? ☐ None

☐ Blind or Partially sighted ☐ Deaf or Hard of Hearing ☐ Allergies/Health Information
☐ Other: _____

Can you read and write in your own language? ☐ Yes ☐ No		
Birth Country:	**First Language:**	**Other Languages:**

What is your highest level of education? ☐ No High School ☐ High School
☐ College Diploma ☐ Trade Certificate ☐ Bachelors (Under Graduate) ☐ Masters ☐ PHD (Doctorate)

What is your main reason for accessing our services at this time? (√ check only one)

☐ Find Employment ☐ Get More Education ☐ Participate in Canadian Society ☐ Acquire Citizenship

If you are looking for Employment, what is your occupation/job? _____

Are you planning on becoming a Canadian Citizen? ☐ Yes ☐ No ☐ I do not know ☐ I am already a C.C.

IMMIGRATION INFORMATION

What is your status in Canada? ☐ Permanent Resident ☐ Refugee ☐ Refugee (Claimant)
☐ Naturalized Canadian Citizen ☐ Provincial Nominee ☐ Temporary Foreign Worker ☐ Live-in Caregiver
☐ International Student ☐ Visitor

Naturalized Canadian Citizen's Immigration Class: ☐ Business ☐ Canadian Experience ☐ Family
☐ Federal Skilled Worker ☐ Provincial Nominee ☐ Live-in Caregiver ☐ Privately Sponsored Refugee
☐ Government Sponsored Refugee ☐ Other: _____

How long have you lived in Canada?

☐ Under 1 year ☐ over 1 - 3 years ☐ over 3 - 5 years ☐ over 5 - 10 years ☐ over 10 years

ENGLISH LANGUAGE CLASSES (LINC)

Are you applying for English Language Classes? ☐ Yes ☐ No (If no, please go to the next section)

Have you taken English Language Classes **before** applying here today? ☐ Yes ☐ No

If yes, where and when?

What class would you like to attend? ☐ Morning 9:00 AM – Noon ☐ Evening 6:30 PM – 9:30 PM

I am not available for the classes listed. My preference would be: ☐ Afternoons ☐ Weekends ☐ Online

Do you need child minding to attend class? ☐ Yes ☐ No
**If yes, please add children information in table below

CHILDREN & FAMILY MEMBERS and EMERGENCY CONTACT

Name	Birthdate	Gender	Relationship
	M ___ D ___ Y _____	☐ **Male** ☐ **Female**	
	M ___ D ___ Y _____	☐ **Male** ☐ **Female**	
	M ___ D ___ Y _____	☐ **Male** ☐ **Female**	
	M ___ D ___ Y _____	☐ **Male** ☐ **Female**	
	M ___ D ___ Y _____	☐ **Male** ☐ **Female**	

English Speaking Emergency Contact:	**Phone Number:**

Other Community Supports, such as Interpreters, Church, Sponsors, etc.:

INFORMATION COLLECTION CONSENT & CONFIDENTIALITY

In Canada, there is a law that says we must tell you why we want information and what we will use it for. This is called the Personal Information Protection Act (PIPA).

Chilliwack Community Services may not tell anyone about your personal information or give anyone information about you without asking you if they can. Your information cannot be shared except as allowed in the Privacy Act. For more information, please ask to see CCS' Confidentiality Policy, CCS' Client Information Sheet, and IRCC's "Gathering Information Sheet".

Personal information provided to Chilliwack Community Services will be accessible to the service funder (federal and provincial governments) and the service provider for service delivery, monitoring, and evaluation purposes.

The completion and submission of this application form implies consent to this access for such purposes. It also confirms consent to receive service from Chilliwack Community Services.

_____ _____

Client Signature Date