

CVIMS Office Use Only

OCMS# _____

Photo ID Copy

Emergency Contact

CLIENT REGISTRATION FORM

Print Form

Submit Form

Clear Form

Collection and Use of Information. All information collected on this form is subject to the provisions of the *Freedom of Information and Protection of Privacy Act* and will be used for administrative and evaluation purposes of CVIMS programs and services. Personal and service information provided directly to CVIMS may be disclosed to relevant funding governments and used for service quality assurance and monitoring, accountability, auditing, program evaluation and research purposes. By signing and submitting this form, you are consenting to the collection, storage, disclosure and use of your personal and service information for the purposes stated above. If you have any questions about the use of this information, contact the Executive Director, 101 – 319 Selby St, Nanaimo BC (250) 753-6911 ext. 101.

DO YOU CONSENT TO:

Immigration, Refugees and Citizenship Canada contacting you for research on the services provided by CVIMS? Yes No

Being contacted via text, email and other electronic communications? Yes No

Having your picture taken for display purposes and advertising? Yes No

By providing your signature, you are confirming you have read and understood the Collection and Use of Information statement, and that all the information provided by you in this form is true and valid, to best of your knowledge.

Client Signature

Date (YYYY/MM/DD)

PERSONAL INFORMATION

Legal FIRST Name: _____

Marital Status: _____

Legal LAST Name: _____

Arrival Date (YYYY/MM/DD): _____

Gender: _____

Country of Origin: _____

Preferred Name: _____

Preferred official language: English French

Date of Birth (YYYY/MM/DD): _____

Are you currently a Permanent Resident (PR)? Yes No

CONTACT INFORMATION

Email Address: _____

Cell Phone: _____ Home Phone: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

OTHER INFORMATION

Languages Spoken: _____ Are you new to Canada? Yes No

How did you hear about us: _____ Are you new to Nanaimo? Yes No

Family# _____

If no children, please leave this page blank.
If more than 5 children in one family, please ask your intake worker for an extra page.

CHILD INFORMATION (*click this box to copy information from first page*) Photo ID Copy

Legal FIRST Name: _____ Date of Birth (YYYY/MM/DD): _____
Legal LAST Name: _____ Arrival Date (YYYY/MM/DD): _____
Gender: _____ Country of Origin: _____
Preferred Name: _____ Preferred official language: English French
Email Address: _____ (*click this box to copy email from first page*)

CHILD INFORMATION (*click this box to copy information from first page*) Photo ID Copy

Legal FIRST Name: _____ Date of Birth (YYYY/MM/DD): _____
Legal LAST Name: _____ Arrival Date (YYYY/MM/DD): _____
Gender: _____ Country of Origin: _____
Preferred Name: _____ Preferred official language: English French
Email Address: _____ (*click this box to copy email from first page*)

CHILD INFORMATION (*click this box to copy information from first page*) Photo ID Copy

Legal FIRST Name: _____ Date of Birth (YYYY/MM/DD): _____
Legal LAST Name: _____ Arrival Date (YYYY/MM/DD): _____
Gender: _____ Country of Origin: _____
Preferred Name: _____ Preferred official language: English French
Email Address: _____ (*click this box to copy email from first page*)

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Legal LAST Name: _____ Arrival Date (YYYY/MM/DD): _____
Gender: _____ Country of Origin: _____
Preferred Name: _____ Preferred official language: English French
Email Address: _____ (*click this box to copy email from first page*)

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Gender: _____ Country of Origin: _____
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Email Address: _____ (*click this box to copy email from first page*)