

CVIMS Office Use Only

Carmis #

Photo ID Copy

Immigration Documents

Client Registration 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 educational 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 by CVIMS 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 that 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: _____

Legal LAST Name: _____

Gender: _____

Preferred Name: _____

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

Languages Spoken: _____

Are you new to Canada? YES NO

Marital Status: _____

Arrival Date (YYYY/MM/DD): _____

Country of Origin: _____

Preferred Official Language: English French

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

How did you hear about us? _____

Are you new to Nanaimo? YES NO

Contact Information

Email Address: _____

Cellphone: _____ Home Phone: _____

Street Address: _____

City: _____ Province: British Columbia Postal Code: _____

Emergency Contact

Do you have an emergency contact in Canada? YES NO

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship To You: _____

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Digital Supports

Are you comfortable using technology (mobile, computer, tablet): YES NO

Scale of 1 to 5, please rate your skill

1 - No prior use of technology

2 - Not comfortable

3 - Medium

4 - Somewhat Comfortable

5 - Very Comfortable

Do you have a tablet or computer to access services? YES NO

Do you have access to the Internet or Wi-Fi? YES NO

What Supports Do You Need?

Childcare

Oral Interpretation

Written Translation

Digital Support

Health Support

Housing Support

Food Support

Provision for a Disability

Short-term Counselling

Other Supports

Settlement Support

Learn more about life in Canada (Health, Finances, Housing)?

Learn about immigration and documents?

Learn about becoming a Canadian Citizen?

Employment/Education/Training

Are you seeking Employment?

Learn about working and education in Canada?

Learn about starting a business?

Language

Tell us about your language level

High (Able to read, write, speak and understand English)

Intermediate (Some understanding of English)

Low (Little to no understanding of English)

Interested in attending language classes or conversation circles?

Able to read and write in own language?

Social Support & Community Connections

Interested in learning about cultural activities?

Do you want to be connected with a Francophone community?

Family and Children

Do you need help enrolling your children in school?

Do you want to register your children for French immersion?

To learn more about services for children and Youth?

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Family Information

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(ren) Information

Legal FIRST Name: _____
 Legal LAST Name: _____
 Gender: _____
 Preferred Name: _____
 Email Address: _____

Date of Birth (YYYY/MM/DD): _____
 Arrival date (YYYY/MM/DD): _____
 Country of Origin: _____
 Preferred Official Language: English French
 (Check this box to copy email from first page)

Legal FIRST Name: _____
 Legal LAST Name: _____
 Gender: _____
 Preferred Name: _____
 Email Address: _____

Date of Birth (YYYY/MM/DD): _____
 Arrival date (YYYY/MM/DD): _____
 Country of Origin: _____
 Preferred Official Language: English French
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 Legal LAST Name: _____
 Gender: _____
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 Email Address: _____

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 Legal LAST Name: _____
 Gender: _____
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 Legal LAST Name: _____
 Gender: _____
 Preferred Name: _____
 Email Address: _____

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 Arrival date (YYYY/MM/DD): _____
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 Preferred Official Language: English French
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