



251-A Notre Dame Avenue
Winnipeg Manitoba R3B 1N8
Phone 940.1260 Fax 940.1272

NEEDS CENTRE

Office Use Only **File Number**

Participant Information – Please Print

First name		Last name	
Other names used		Contact Person and their Phone Number	
Address		City	Postal Code
Cell phone	Home phone	Email	
Manitoba Health Card Number -- -- digits -- -- 9 digits		Birthdate Y Y Y Y M M D D	Gender Boy Girl

Name of School	Grade	Grade completed <input type="checkbox"/>	Career / Education Goals	Social Insurance Number
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Country of origin	First language / Other languages spoken
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Date of entry into Canada Y Y Y Y M M D D	English language level Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
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Status in Canada Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other <input type="checkbox"/>	J Number <input style="width: 50px;" type="text"/>
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Immigration Category (Enter code from Box 19) <input style="width: 150px;" type="text"/>	Client status Active <input type="checkbox"/> or Inactive <input type="checkbox"/>
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Parental Consent: I agree for my child _____ to participate in N.E.E.D.S.' programs and I consent to allow information about my child's participation in this program to be shared with N.E.E.D.S. Inc., my child's school, Manitoba Labour & Immigration and other partners as required by the program.

Allergies, dietary or other health concerns: _____

I consent for the release and/or publishing of photos, videos and recordings of my child. Yes No

I consent for my child to go on field trips with the Program. Yes No

I consent for my child's photo or video to be shown on N.E.E.D.S. Inc. website. Yes No

Print your full name _____ and your relation to the child _____

Telephone _____ Your language _____

Date _____ Signature _____

Program: INTRO CP Youth Employment: _____ Stream _____ Assessment date _____
Program Coordinator Initials _____ Start date _____ End date _____
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