



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 _ _ _ _ _   _ _ _ _ _ 6 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
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"/>

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.'  
(print child's name)  
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 or dietary 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: CP   Intro   Youth	Employment: Stream _____	Assessment date _____
Program Coordinator Initials _____	Start date _____	End date _____
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