




# Registration Form

(Please Print)

**Parent/Guardian/Applicant**

First Name		Last Name		Other Names Used	
Phone number <i>Home:</i> ( ) - - - - - <i>Cell:</i> ( ) - - - - - <i>Other:</i> _____				Email	
Address <input type="checkbox"/> Temporary Address			City		Postal Code
PR #/UCI Number	Date of Birth (yyyy/mm/dd) □□□□ □□ □□	Date of Entry into Canada (yyyy/mm/dd) □□□□ □□ □□	Gender		
Country of Origin		First language		Other languages	
Official Language Preference <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both <input type="checkbox"/> Neither			Name of Current School		
Referred By: <input type="checkbox"/> School _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Settlement Provider _____ <input type="checkbox"/> Not Referred				How did you hear about us:	

Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)		Note:			
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Immigration Category					
<u>Permanent Resident</u> <input type="checkbox"/> GAR <input type="checkbox"/> PSR <input type="checkbox"/> BVOR <input type="checkbox"/> Convention Refugee <input type="checkbox"/> IMM-Family class <input type="checkbox"/> IMM-Economic class <input type="checkbox"/> Other: _____			<u>Temporary Resident</u> <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> International Student <input type="checkbox"/> Visitor <input type="checkbox"/> Refugee Claimant <input type="checkbox"/> Other: _____		

*Would you like to register other family members?\**  Yes  No - if yes please fill out the information below  
\* A separate consent form is required for every individual family member listed below who is 18 years of age or older.

Client 1					
First Name		Last Name		Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant		Address <input type="checkbox"/> Same as main registrant		Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number		Date of Birth (yyyy/mm/dd) □□□□ □□ □□		Date of Entry into Canada <input type="checkbox"/> Same as main registrant □□□□ □□ □□ (yyyy/mm/dd)	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)			Note:	

Client 2					
First Name		Last Name		Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant		Address <input type="checkbox"/> Same as main registrant		Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number		Date of Birth (yyyy/mm/dd) □□□□ □□ □□		Date of Entry into Canada <input type="checkbox"/> Same as main registrant □□□□ □□ □□ (yyyy/mm/dd)	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)			Note:	

Client 3			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Entry into Canada <input type="checkbox"/> Same as main registrant <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (yyyy/mm/dd)	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

Client 4			
First Name	Last Name	Relationship to Main Registrant	Imm Category <input type="checkbox"/> Same as main registrant
Phone <input type="checkbox"/> Same as main registrant	Address <input type="checkbox"/> Same as main registrant	Email <input type="checkbox"/> Same as main registrant	Name of Current School
PR #/UCI Number	Date of Birth (yyyy/mm/dd) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Entry into Canada <input type="checkbox"/> Same as main registrant <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (yyyy/mm/dd)	
Gender	Allergies, Dietary or Health Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please explain)	Note:	

In case of an emergency, if we are unable to reach the parent/guardian, who should we contact? <i>*Individuals under the age of 18 registering independently must list a parent or guardian as one of their emergency contacts.</i>		
Emergency Contact Name	Relationship	Emergency Contact Phone

**Confidentiality**

N.E.E.D.S. Inc. is primarily funded by Immigration, Refugees and Citizenship Canada (IRCC) and the Government of Manitoba. We partner with many different organizations to ensure the successful settlement and integration of the newcomer children and youth. N.E.E.D.S. Inc. will share your personal and service information with IRCC and the Government of Manitoba to better meet the needs of newcomers. All the personal information you provide is kept confidential and will not be used for any other purpose without consent. You have a right to view this information at any time. Furthermore, by signing below you acknowledge that you have been presented with, read and understand the content of the IRCC Gathering Information Pamphlet. By signing below, you confirm that you have read and understood which information is being collected and what it is being used for.

**Consent**

- YES  NO I consent to allow the exchange of information about my child's/myself participation in program between N.E.E.D.S. Inc., their school and other required partners.
- YES  NO **Media & Publication Consent:** I consent to the publishing of photos, videos and recordings of my child/myself which include media publications, interviews, social media and advertising material for the agency.
- YES  NO I consent to receiving emails, newsletters, and other electronic communications from N.E.E.D.S. Inc.

*\*I understand that this consent is voluntary and I can withdraw my consent at any time*

If you wish to exclude any family members from the above consent, please indicate their name and consent statement(s) being excluded:

*I agree for my child(ren) and/or myself to participate in N.E.E.D.S. Inc. Programs.*

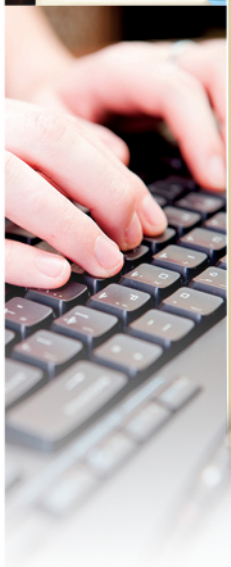
Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Print your full name) (Relationship) (Parent, Guardian or Client if 18 or older) (yyyy/mm/dd)

<b>To be completed by NEEDS staff</b>	<p><b><u>Verbal/Online Consent*</u></b> <span style="float: right;"><small>*Use only if an in-person consent cannot be obtained</small></span></p> <p>The content of this registration form was discussed with the parent/guardian/applicant, who acknowledges and agrees to the above conditions and provides their consent verbally/online.</p>
	<p><b>Name of the Parent/Guardian/Applicant providing verbal consent</b> _____  <small>(Full name) (Relationship)</small></p>
	<p>Name of Staff: _____ Staff Signature: _____ Date: _____</p>
	<p><b>Form completed by:</b></p> <p>Name of staff: _____ Program: _____ Date: _____</p>



# Gathering Information

## to better meet the needs of newcomers to Canada



Immigration, Refugees and Citizenship Canada (IRCC) helps immigrants, including refugees, to settle in Canada. To do this, we fund organizations across the country to provide newcomers with services such as language training and career counselling. To make sure newcomers get the right services, we need your help.

The IRCC-funded organization that provides you with these services will ask you to give certain personal information: your full name, date of birth, and immigration number or immigration document. We urge you to provide this information when requested.

Your service provider organization gives this information to IRCC. During this process, we keep your information confidential. Your personal information will not be used for any other purpose without your consent. You have the right to ask your service provider to show you this information at any time.

### Why IRCC collects personal information

IRCC collects personal information to better understand newcomers' needs. With this information, we can ensure that service provider organizations are performing well, decide how we can improve the services we fund, and report to the public about how our programs are working. To accomplish all this, we combine your information about the services you need and the services you have used with the details you provided when you applied to come to Canada.

Service provider organizations use this information to help plan and manage our programs and the services provided to you. So, your information helps us ensure that the services fit your needs.

### Your personal information is protected

While IRCC has the authority to collect your personal information under the *Immigration and Refugee Protection Act*, Canadian privacy law requires that the federal government protect your personal information. Your information cannot be shared except as allowed in the *Privacy Act*. For more information, consult <http://laws-lois.justice.gc.ca/eng/acts/P-21/page-3.html>.

The personal information you provide is stored in a personal information bank, a type of database, called Settlement and Integration Services. It also contains some information that you provided when you applied to come to Canada. This bank is owned by the Government of Canada. To learn about the kinds of personal information held in the Settlement and Integration Services bank (PIB # CIC PPU 062), consult <http://www.cic.gc.ca/english/department/atip/infosource/pibs.asp>.

You can access your IRCC record of personal information by making an access-to-information request or a Privacy Act request.

For details, please consult <http://www.cic.gc.ca/english/department/atip/index.asp>.

