



Restigouche Multicultural Association

Client Registration Form

Given name(s) _____		Family Name(s) _____		
Street Address _____		City / Town _____	Province _____ Postal Code _____	
Tel. _____		Email address _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth _____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth _____
	Citizenship _____			
Immigration Status _____			UCI Number _____	
Date of Arrival in Canada _____			Previous City / Town in Canada _____	
Date of Arrival in Restigouche _____				
Other Family Members Living with you in Canada				
Full Name	Date of Birth	Relationship to you	Immigration Status	UCI Number
Mother tongue _____		Other Languages Spoken _____		
English Ability	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
French Ability	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seeking Emp.	<input type="checkbox"/> Self Employed <input type="checkbox"/> Other
Education Level	<input type="checkbox"/> Senior High School	<input type="checkbox"/> College / Technical	<input type="checkbox"/> University	<input type="checkbox"/> Post-Graduate <input type="checkbox"/> Other
Current Occupation _____		Employer _____	Occupation in Home Country _____	
Check if you are interested in the following				
<input type="checkbox"/> Subscribe to RMA newsletter (2x/month) <input type="checkbox"/> Become a volunteer <input type="checkbox"/> Attend RMA events & activities <input type="checkbox"/> Start your own business				
Check the areas you would like assistance with				
<input type="checkbox"/> Medicare	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Housing	<input type="checkbox"/> Banking	<input type="checkbox"/> Education <input type="checkbox"/> School Registration <input type="checkbox"/> Taxes
<input type="checkbox"/> Social Ins. Num.	<input type="checkbox"/> Legal / Consult.	<input type="checkbox"/> Employment	<input type="checkbox"/> English Classes <input type="checkbox"/> French Classes	<input type="checkbox"/> Daycare <input type="checkbox"/> Integration

The Restigouche Multicultural Association provides free services to assist in the settlement needs of immigrants in the Restigouche area. Your participation here is completely voluntary and self-directed. Although all information collected will be kept confidential, it is necessary for some information to be shared with staff of the RMA and Immigration, Refugees & Citizenship Canada to meet funding requirements. Exceptions to this confidentiality will occur only when they are overriding, legal or professional reasons and whenever possible with the written informed consent of the client(s). Mandatory reporting obligations may include but are not limited to: the reporting of the abuse or neglect of children or of vulnerable adults, threat of harm to self, the duty to take steps to protect or warn a third party who may be endangered by the client(s) and any duty to report the misconduct or impairment of another professional. Additional limits to confidentiality may occur because of parental access by third party payers to information for the purpose of treatment authorization or audit. When confidential information is released to a third party, the settlement counsellor will ensure that the information divulged is limited to the minimum amount required to accomplish the purpose for which the release is being made.

Signature

Date