

**CLIENT / FAMILY REGISTRATION FORM IKEA KITS**

**Client information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ (dd/mm/yyyy) Referred by: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Family/Spouse Contact Information**

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 No of Kids age 1-14: \_\_\_\_\_ No of Youth age 15-29: \_\_\_\_\_ Email: \_\_\_\_\_

Gender:  Male  Female Country of Origin \_\_\_\_\_ Language \_\_\_\_\_

Citizenship: Canadian Citizen Permanent Resident Refugee Other

Immigrated to Canada: Year of Immigration \_\_\_\_\_ English Language - LINC level \_\_\_\_\_

Educational Background: University High School Technical Industry Elementary

Government Assistance Working Employment Insurance (EI)

**How Did You Hear About the PICS?**

- Service Canada Office  Walk in / Signage  Internet  
 Community Centre  Neighborhood House  Friend/Family  
 Previous Client  Service Provider: \_\_\_\_\_  Other: \_\_\_\_\_

**EDUCATIONIONAL BACKGROUND AND TRAINING**

- Technical Institute \_\_\_\_\_ yrs.  Post-secondary \_\_\_\_\_ yrs.  
 Bachelors Degree Year Attained \_\_\_\_\_ Discipline \_\_\_\_\_ Province, Country \_\_\_\_\_  
 Masters Degree Year Attained \_\_\_\_\_ Discipline \_\_\_\_\_ Province, Country \_\_\_\_\_  
 Doctorate Year Attained \_\_\_\_\_ Discipline \_\_\_\_\_ Province, Country \_\_\_\_\_  
 Other Education or Training: \_\_\_\_\_



**CLIENT AUTHORIZATION TO DISCLOSE INFORMATION**

**PICS SETTLEMENT - EMPLOYMENT PROGRAMS**

I, \_\_\_\_\_, authorize Progressive Intercultural Community Services Society (PICS), any other service providers, schools, and community agencies to disclose/exchange my personal information, including the usage of my photo and /or video in the following:

- My eligibility for Settlement - Employment Benefit Programs for any Ministry or Government purpose in the Province of British Columbia
- Information regarding my status, education, training, employment history, needs, and income support
- Information regarding marketing of the program

The information disclosed/exchanged will be treated as confidential and will be used only by the agencies listed above in conjunction with your application for service.

Client Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Dated: \_\_\_\_\_