



Date

PERSONAL INFORMATION

Last Name		First Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Address				Postal Code	
Mobile/Cell Number		Home Phone		Email address	
<p>I agree / consent to information being collected as per the:</p> <p><input type="checkbox"/> MB Start Collection, Use and Sharing of Personal Information Notice</p> <p><input type="checkbox"/> CIC Gathering Information Document</p> <p>To stay connected with Manitoba Start about the program and other events and information from Manitoba Start, we need your agreement (consent). We respect your privacy and want to be sure that you are able to receive information that relates to your career development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				<p><input type="checkbox"/> By checking this box and typing my name below, I am electronically signing this consent form.</p> <div><input type="text"/></div> <p>Client Name</p>	
Date of Birth (YYYY-MM-DD)		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Widower <input type="checkbox"/> Common-Law		Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No What are their ages?	
Emergency contact person in Winnipeg			Emergency contact phone number		
Your Country of Birth		Your Country of Last Residence		Have you been in Canada before becoming a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Arrival Date	
First/Native Language		Other Languages		Are you a Canadian citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date of citizenship	

EDUCATION

How many years of education have you had starting from Grade 1?		Post-Secondary Education in Canada			
International		Do you have any post-secondary education in Canada?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years	
Do you have a post-secondary Diploma or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Canadian Institution of Education			
If yes, what program did you study?		What is the name of the program?			
How long was the program?					
Date of Completion (most recent program)		Length of the Program		Current point in program <input type="checkbox"/> In progress <input type="checkbox"/> Within final 6 months <input type="checkbox"/> Completed	
What was the country of most recent education?		Date started		Date Completed	

Do you plan to work in Winnipeg? ☐ Yes ☐ No *If yes, please complete the following section*

EMPLOYMENT

Do you have a career plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please fill in your employment history below (start with the most recent work experience including International and Canadian)			
Do you know what type of jobs you would like to do in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer			
If yes, what jobs are you interested in?		Position		From	To
		Employer			
How soon will you be looking for a job?		Position		From	To
		Employer			
Availability to attend Programs and Services: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Position		From	To

SETTLEMENT SERVICES

Have you received or attended initial settlement orientation before coming to Manitoba? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		Have you been to any settlement services in Winnipeg? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which orientation session? <input type="checkbox"/> Planning for Canada (PfC) <input type="checkbox"/> SOPA <input type="checkbox"/> AEIP <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Immigrant Centre <input type="checkbox"/> Accueil Francophone <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Welcome Place <input type="checkbox"/> Jewish Child and Family Services	

Do you plan to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what area of studies do you wish to pursue?			
Can you use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what computer programs are you familiar with?			
Please explain in 2 or 3 sentences what your goals are for the next 6 months					