



BC Settlement and Integration Services

Client Intake Form

Date: D _____ M _____ Y _____

BC SIS Staff's Name: _____

Relevant Document(s) Copied

Client Information:

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

_____ Postal Code: _____

Phone#: _____

Email: _____

Gender: _____

Date of Birth: D _____ M _____ Y _____

Country of Birth: _____

Nationality: _____

Native Language: _____

Date of Arrival Canada: D ___ M ___ Y ___

(If applicable)

Permit Expire Date: D ___ M ___ Y ___

Emergency contact name: _____

Emergency contact phone #: _____

Education Background:

High School College University

Program: _____

Current Occupation in Canada:

Interested Services:

- Settlement Services
- Community Connection
- Immigration Application Support
- Work permit Application Support
- Resume/Cover Letter Review & Job Search
- Employment Training
- Food Safe / First Aid CPR / WHMIS
- Support related to workplace issue
- English Language Training
- Others _____

Original Immigration Status:

- REF-CLM:** Refugee claimant
- WP:** Work Permit
- SP:** Study Permit
- VI:** Visitor Visa

Current Immigration Status:

- CWP:** Closed Work Permit
- OWP:** Open Work Permit
- SP:** Study Permit
- CC:** Naturalized Canadian Citizen
- REF CLM:** Refugee Claim
- PNP** Provincial Nominees awaiting PR
- OTHERS** _____

Family Member:

Last Name	First/Middle Name	Gender (M/F)	Age	Relationship	Status in Canada	Country of Resident