

**Niagara Folk Arts Multicultural Centre
Community Connections for Newcomers
Newcomer Application Form**

GENERAL INFORMATION

DATE: _____

First Name: _____ Last Name: _____

Address: Street _____ Apt. _____ City: _____

Postal Code: _____ Home phone: () _____ - _____ Email: _____

IMMIGRATION INFORMATION

1. Date of Arrival in Canada ____/____/____ Date of arrival in the community ____/____/____
Month | Day | Year Month | Day | Year

2. Current Immigrant Status:

Landed Immigrant _____ immigration number: _____

Convention Refugee _____ immigration number: _____

Refugee Claimant _____

Canadian Citizen _____ D.O.B. _____

OTHER INFORMATION (mark with "x")

Gender: Female _____ Male _____

Country of Origin: _____ Language(s): _____

Knowledge of **English**: Yes _____ No _____ If answer yes → Level: Low _____ Medium _____ High _____

Knowledge of **French**: Yes _____ No _____ If answer yes → Level: Low _____ Medium _____ High _____

PROGRAM ACTIVITIES

Check all program activities that you are interested on, including your topics of interest for discussion:

English Conversation Café Cultural Differences _____ Community events _____ Life Experiences _____

Settlement issues _____ Other(s): _____

Group Activities: Fitness & Recreation _____ Cooking sessions _____ Crafts & Skills _____

Outdoors & Gardening _____ Other(s): _____

Individual or Group Match Language based _____ Cultural Exchange _____ Professional _____

Other: _____

Note: If you are interested in finding a Community Connections match, please answer the questions in the following page. The information collected in this form is for the only purpose of arranging eligible community connections matches between local residents and newcomers to Canada.

Please enter the names of family members who will be joining you in the program.

Full Name	Relationship	Age

1. Right now, are you ...? (Check one box)

Working in a paid job _____ Looking for a job _____
 In school/College/University _____ In a language training program _____ Where? _____
 On government assistance _____ Other, please specify: _____

2. What is your professional background? _____

3. Are you currently working? Yes _____ No _____.

4. Job type? _____

5. What days and times are you available to meet with a Community match? _____

PREFERENCES

6. What do you like to do in your free time? _____

1. Why do you want to join the Community Connections Program? Check all that apply.

Get involved in the Community _____ Information about the Community _____
 Practice English _____ Help with Settlement Problems _____
 Learn Canadian Culture _____ Help with Job Searching _____
 Other (please specify: _____)

2. How did you first find out about the Community Connections Program? Check one box only

School or College _____ Friend or relative told me _____
 Brochure or poster _____ Newspaper/radio/cable TV _____
 Front sign _____ Settlement / Social Services Agency _____
 Reception Centre _____

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