



JUST4WOMEN (Client)

PLEASE PRINT CLEARLY

OFFICE USE

CTS Client ID: _____

Entry Date: ____ / ____ / ____
MONTH DAY YEAR

Exit Date: ____ / ____ / ____
MONTH DAY YEAR

Last Name	First Name	
		Preferred Name:
Do you identify as a woman?	Date of Birth (MM/DD/YYYY)	Country of Birth
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Home Address

Address: _____
 City: _____ Postal Code: _____

Telephone #	Email Address

Immigration Status (Please check one)

Citizen Permanent Resident- Refugee Student Visa
 Permanent Resident- SINP GAR Work Permit (Open)
 Permanent Resident- Economic PSR Work Permit (Closed)
 Permanent Resident- Family Refugee Claimant Other: _____

Do you need childminding support?	Please list the Date of Birth for each child under the age of 16 (MM/DD/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____ 2. _____
Do you need transportation?	3. _____ 4. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____ 6. _____

What is your availability during a typical week to meet with your mentor/mentee? Please check all that apply.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							
EVENING							

What do you hope to achieve by participating in this program?

Receive career advice Build social connections Facilitate integration into Canadian culture Other _____

What are your values and interests?

What are your needs as a mentee?



What kind of mentor would you like?
Are you able to commit your time for the duration of the program?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:

Consent and Declaration:

By signing below, I _____ acknowledge that the information shared during the mentorship program will be kept confidential (between mentor and mentee) and will only be shared with IWS staff or the appropriate personnel for the following reasons:

- A client has provided written or verbal consent to share information with a third party or other organization
- In cases of immediate danger or serious harm to the client or someone else
- In cases where criminal activity has been disclosed
- In cases where there is reason to believe that a child has been abused or neglected

I also agree that some or all of the information set out above may be shared with potential funders and authorized personnel to support the clients to reach their personal goals.

My signature below is an acknowledgement that I have fully read and understood this consent form.

Client Signature: _____ Date: _____

Photo Release Consent:

For the purposes of reporting and bringing to life the stories IWS provides to members, clients, and the community, IWS staff will take photos and record videos of participants at various IWS programs and events. We would like to share these media items on IWS' official website, Facebook page, and produced materials including, but not limited to, bulletins, posters, brochures, and newsletters.

If you wish to abstain from the photos, it is YOUR responsibility to give verbal notice to the staff.

By signing below, I give permission to IWS to use or publish photographs at its discretion. I also acknowledge that IWS may choose not to use my photographs at this time, but may do so at its own discretion at a later date. I acknowledge that since participation is voluntary, neither my minor child(ren) nor I will receive financial compensation. Therefore, I agree to indemnify and hold harmless IWS, its Board, and Staff from any claims arising from the use of my photographs. IWS reserves the right to discontinue the use of any photographs without notice.

- I have read and understood the above terms and consent to have my photo taken by IWS
- Please do not take photos of me. I will give notice to the photographer and remove myself from pictures.

My signature below is an acknowledgement that I have fully read and understood this photo release form.

Client Signature: _____ Date: _____