



### Registration Form (2018-2020)

Please fill out the registration form below to the best of your abilities and submit your completed form to the SSEAL Program Coordinator, either by e-mail at [emurley@eurocentres.com](mailto:emurley@eurocentres.com) or in person at 18 King Street, Lunenburg, N.S.

<b>Date of Registration (dd/mm/yyyy)</b>		<b>Date of Arrival in Canada (dd/mm/yyyy)</b>	
<b>Title</b>		<b>SIN (not mandatory)</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss.			
<b>Family Name</b>		<b>First Name</b>	
<b>Gender</b>		<b>Date of Birth (dd/mm/yyyy)</b>	
<b>Native Language</b>		<b>Country of Birth</b>	
<b>Street Address</b>		<b>Town</b>	<b>Postal Code</b>
<b>Telephone (Home)</b>		<b>Telephone (Cell)</b>	
<b>E-mail Address</b>			
<b>Marital Status</b>			
<input type="checkbox"/> Common Law	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other	
<b>Immigration Status</b>			
<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Individuals Awaiting Statutory Checks	<input type="checkbox"/> Nova Scotia Nominee	<input type="checkbox"/> Permanent Resident
<input type="checkbox"/> PR Application with Work Permit		<input type="checkbox"/> Protected Person	
<b>Permanent Resident Card Number (if applicable)</b>			
_____ — _____		<b>or</b>	<b>T</b> _____



Which SSEAL program will best suit your availability and schedule?	
<input type="checkbox"/> Full Time Group in Lunenburg (All levels including literacy)	<input type="checkbox"/> Part Time Group in Bridgewater (Literacy and Lower Levels not available)
Class Category (located on immigration paperwork; usually a 3-digit code)	
Education Level	
<input type="checkbox"/> Less than Grade 6 Complete	<input type="checkbox"/> Less than Grade 9 Complete
<input type="checkbox"/> Less than Grade 11 Complete	<input type="checkbox"/> Completed Grade 11
<input type="checkbox"/> Some Grade 12	<input type="checkbox"/> High School Diploma
<input type="checkbox"/> High School Equivalent	<input type="checkbox"/> Trade/Apprenticeship Incomplete
<input type="checkbox"/> Non-University Incomplete	<input type="checkbox"/> Trade/Apprenticeship Complete
<input type="checkbox"/> Non-University Certificate/Diploma	<input type="checkbox"/> University Incomplete
<input type="checkbox"/> University Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> PhD (Doctorate)	
Occupation (in home country)	
Are you working now?	If yes, what is your occupation in Nova Scotia?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a formal language assessment?	If yes, when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Test Type (CLB, IELTS, TOEFL, etc.)	Benchmark Scores
	Listening: _____      Speaking: _____ Reading: _____      Writing: _____
For us to support you in the settlement and language process, we sometimes need to share your information with other organizations. By checking yes below, you are giving us permission to share your information.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



**COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION**

The Nova Scotia Government Labour Market Programs provided by the Departments of Labour and Advanced Education, Community Services, and the Office of Immigration, are bound by the principles and requirements of the Nova Scotia Freedom of Information and Protection of Privacy (FOIPOP) Act. The FOIPOP Act defines the meaning of personal information; in addition to the information defined by the Act, other types of personal information may include: date of birth, Internet Protocol address, e-mail address, or other information collected by our programs or services.

The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia FOIPOP Act and the Nova Scotia Personal Information International Disclosure Protection (PIIDA) Act. Any personal information collected during the course of accessing our programs or using our services is used only for providing you with services; for example, for registration to our programs or for determining your eligibility to services etc.

We do not disclose your personal information to other organizations or individuals except as required to fulfill the purpose(s) of the program or service and only to the extent required or authorized by law.

Some functions within these programs or services are provided by service providers external to the department(s). All external service providers that provide you with services on our behalf must comply with our privacy requirements and must meet the applicable security, privacy and terms of use provisions.

Under the privacy provisions of the FOIPOP Act individuals have the right to correction of, and access to, their personal information. To obtain access or request correction of your personal information, please contact the Information Access and Privacy Services unit by email at [IAPServices@novascotia.ca](mailto:IAPServices@novascotia.ca) or phone (902) 424-2985 or 1-844-424-2985.

**I acknowledge that I have read and understand the above information regarding the collection, use, and disclosure of my personal information:**

\_\_\_\_\_ **Client name (print)**

\_\_\_\_\_ **Client signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Witness signature**

\_\_\_\_\_ **Date**