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| **CAAWS Newcomer Women and Girls Healthy Living Project: Application Form** | | | | | | | | |
| **Family Name** | | | **Given Name** | | | | | |
|  | | |  | | | | | |
| **Street Address** | | | **Town/City** | | | | | |
|  | | |  | | | | | |
| **Email Address** | | | **Phone #** | | | | | |
|  | | |  | | | | | |
| **Immigration Status** | | **Arrival in Canada** | | | | **Arrival in Sask/Moose Jaw** | | |
|  | | M:\_\_\_\_\_ D:\_\_\_\_\_ Y:\_\_\_\_\_\_\_ | | | | M:\_\_\_\_\_ D:\_\_\_\_\_ Y:\_\_\_\_\_\_\_ | | |
| **Have you been involved with HLP?** | | | | * YES | | | * NO | |
| List activities you did and enjoyed: | | | | | | | | |
| **Which class schedule do you prefer: Specify times and days:** | | | | |  | | | |
| Evening | * Afternoon | | | | * Mon - Friday | | | * Weekend |

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| **Please list activities that you would like to learn:** |
|  |
| **Do you have any restrictions?** |
|  |

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| **FOR OFFICE USE ONLY** |
| **COPIES OF DOCUMENTS RECEIVED** |
| **Completed Application Form**  **Signed MJMC photo consent**  **NWC intake form (this will be done with NWC staff when your application is received)**  **Signed Consent form for under 18 years of age** |