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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** |