

## Community Services Research Project Registration Form

### Contact Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Preferred Contact Method:  Email  Cell Phone  Cell Phone  Other

### School Information:

Name of High School: \_\_\_\_\_

School board that you belong to: \_\_\_\_\_

Your grade: \_\_\_\_\_

Your Program:  IB  French Immersion  ESL  ELD  E-STEAM

Other (specify): \_\_\_\_\_

### Language:

How fluent is your English?  Fluent  Intermediate  Beginner

Which language do you prefer to speak? \_\_\_\_\_

### Sport/Activity:

Favorite Sport/Activity:

Badminton  Baseball  Basketball  Soccer  Volleyball

Dance  Gymnastics  Martial Arts (Karate/taekwondo/Jiu-Jitsu)

Painting and Drawing  Track and Field  Swimming  Hockey

Singing  Instrument playing

Other (specify): \_\_\_\_\_



I authorize the Windsor Women Working With Immigrant Women (WWWWIW) staff to use and disclose my information for the purposes described below.

WWWWIW is required to report to all its funders;

- My 'basic' personal information
- The services I obtained during my visit(s)
- My overall satisfaction with the services I've received

My information will also be used for reasons including, but not limited to; research, follow up, referrals, and as a means for the funders to administer and finance further services.

The WWWIW staffs agree to protect my information by using and disclosing my information only as permitted by me in this Authorization and as directed by provincial and federal law.

I do not have to sign this Authorization. If I decide not to sign the Authorization, I will not be allowed to participate in the releasing of my information. I also acknowledge that by not signing this authorization, I cannot participate in any services provided by WWWIW.

At any given time, I can revoke this authorization by submitting a written letter to 1368 Ouellette Ave., Suite 102, Windsor, ON, N8X 1J9. I will be given a signed copy of this form upon my request.

I authorize the use of my information as described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**After completing this form please send to Tania, at [tania@wwwiw.org](mailto:tania@wwwiw.org).**

**Should you have any question or concerns please call Tania at: 519-915-5588 ext.605**