



# Career Trek: My Path Forward Referral and Registration Form



## Participant Information

**Full Name:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Gender:**  Male  Female  Non-Binary  Prefer not to say  
 Other: \_\_\_\_\_ **Date of Birth:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/Town/Community, Province & Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

### Manitoba Health Information:

Registration Number (6-Digits): \_\_\_\_\_ PHIN Number (9-Digits): \_\_\_\_\_

Has a copy of Birth Certificate:  Yes  No Has a SIN#:  Yes  No

### Guardian Contact Info:

### Social Worker Contact Info:

Name and Relation: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## To be completed by Referring Professional

- Youth is between 15-19 years of age, in care with Wpg CFS
- Youth is taking 'S' level courses
- Youth does not require an EA in classroom
- Youth has a minimum grade 7 reading level
- Youth is able to independently make arrangements to attend programming
- Youth has been informed of this referral/program

Career Trek collects demographic and personal information for the purpose of ensuring the safety of all participants and tracking program outcomes. We are committed to protecting the participants privacy and personal information.

**Participant Demographics (please check all that apply):**

- First Nations
- Metis
- Inuit
- Black
- 2SLGBTQIA+
- Visible Minority/Person of Colour
- White
- Person with a Disability
- Newcomer to Canada (settled within the last 5 years)

**Health Information**

**Does the youth have:**

- Allergies – Please specify:
  
- Dietary Accomodations – Please Specify:
  
- Asthma
- Carries an EpiPen & can self-administer
- Carries an inhaler & can self-administer
- A Medical Alert Bracelet
- Additional health concerns (please specify below):

Please provide us with the following details: name and detail of the condition, symptoms, or triggers (if applicable), management strategy, medication requirements.

**Acknowledgment of Risks & Waivers**

- I understand that accidents and injuries can happen as part of the programming and activities being provided by Career Trek. I hereby release and waive all rights to any claim or action against Career Trek arising from injury, loss, or damage to the participant while participating in the program.
- I acknowledge that it is the participants responsibility to ensure their safety before and after programming by following the rules set out by Career Trek and its partners. I hereby release Career Trek from all liability for any harm or injury to the participant however the harm or injury is caused.
- I authorize Career Trek to seek emergency medical assistance on the participant’s behalf and to contact the emergency contacts if I cannot be reached.

Career Trek takes pictures of participants at programming for administrative and promotional reasons.  
The administrative reasons for taking pictures include health, safety, and identification.

I understand that pictures may be taken and used for **administrative reasons**, and I am providing consent for the participant to be photographed

Yes  No

The promotional reasons for taking pictures of participants include raising awareness of Career Trek through advertising, marketing, and fundraising. This includes but is not limited to news stories, paid advertising, proposals, reports to funders, and print materials.

I understand that photographs may be taken and used for **promotional purposes** and I’m providing consent for the participant to be photographed:

Yes  No

I give consent for the participant to participate in any off-site activity during the program. Transportation to and from these activities will be provided via school bus, van or taxi which will be under the supervision of at least one (1) Career Trek staff or partners.

**Transportation Consent:**  Yes  No

## Program Departure\*

**At the end of a program session:**

- Youth will be picked up by a staff/social worker
- Youth can leave on their own after the program session.
- Youth can be picked up by the following individual(s):

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- Social Worker will ensure that individual(s) picking up the participant know they will need to provide identification to Career Trek staff before youth will be released to them.

## Social Worker/Guardian Information & Signatures

**Social Worker/Guardian Name:**

**Social Worker/Guardian Name:**

Relation:

Relation:

Phone Number:

Phone Number:

Email:

Email:

**Social Worker/Guardian signature if the applicant is under the age of 18:**

**Participant Signature:**

**Date:**

About the Participant:

(housing situation, interests, challenges, credits to date, preferred method of contact, anything else noteworthy):