

PRE-ASSESSMENT FORM

APPLICANT INFORMATION

Name:		
Date of birth (dd/mm/yyyy):	Place of birth:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Current address:		
City:	State/ Province:	Country:
Phone:	Email address:	
Country (countries) of citizenship:		Country of residence:
Status in current country of residence: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Worker <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other		
Marital status: <input type="checkbox"/> never married <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> common law <input type="checkbox"/> other		
If married, Date of marriage (dd/mm/yyyy):		If in common law, starting Date(dd/mm/yyyy):

SPOUSE INFORMATION

Name:		
Date of birth (dd/mm/yyyy):	Place of birth:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Country (countries) of citizenship:		Country of residence:
Status in current country of residence: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Worker <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other		

LANGUAGE ABILITY (APPLICANT)

Can you communicate in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you communicate in French? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken English test approved by CIC? (IELTS and CELPIP are CIC approved English language Tests) <input type="checkbox"/> Yes <input type="checkbox"/> No	
When: (dd/mm/yyyy):	What was your score: Speaking ____, Listening ____, Writing ____, Reading ____
Have you taken French test approved by CIC? <input type="checkbox"/> Yes <input type="checkbox"/> No TEF: Test d'évaluation de français is the only CIC approved French language test	
When: (dd/mm/yyyy):	What was your score: Speaking ____, Listening ____, Writing ____, Reading ____

LANGUAGE ABILITY (SPOUSE)

Can you communicate in English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you communicate in French? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken English test approved by CIC? (IELTS and CELPIP are CIC approved English language Tests) <input type="checkbox"/> Yes <input type="checkbox"/> No	
When: (dd/mm/yyyy):	What was your score: Speaking ____, Listening ____, Writing ____, Reading ____
Have you taken French test approved by CIC? <input type="checkbox"/> Yes <input type="checkbox"/> No TEF: Test d'évaluation de français is the only CIC approved French language test	
When: (dd/mm/yyyy):	What was your score: Speaking ____, Listening ____, Writing ____, Reading ____

EDUCATION (APPLICANT)

Total number of years of education: _____ Years	Highest Degree obtained:
Have you ever studied in Canada? (Other than English as Second Language program)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
if yes, did you have study permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expiry date of study permit: (dd/mm/yyyy):
Have you completed any Canadian post-secondary school or program of at least 1 year <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Program Name:	Duration of study (in no of years):

EDUCATION (SPOUSE)

Total number of years of education: _____ Years	Highest Degree obtained:
Have you ever studied in Canada? (Other than English as Second Language program)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
if yes, did you have study permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, expiry date of study permit: (dd/mm/yyyy):
Have you completed any Canadian post-secondary school or program of at least 1 year <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, Program Name:		Duration of study (in no of years):		
WORK EXPERIENCE (APPLICANT)				
From (mm/yyyy)	To (mm/yyyy)	Employer/ Company Name	Job title/ Designation	Place (City/ Country)
Have you ever worked/ working in Canada under work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expiry date: (dd/mm/yyyy)	
Which work permit? <input type="checkbox"/> Postgraduate WP <input type="checkbox"/> LMIA based WP <input type="checkbox"/> Co-op WP <input type="checkbox"/> PNP based WP <input type="checkbox"/> other				
How long the work permit is/was valid for: _____ years _____ months				
WORK EXPERIENCE (SPOUSE)				
From (mm/yyyy)	To (mm/yyyy)	Employer/ Company Name	Job title/ Designation	Place (City/ Country)
Have you ever worked/ working in Canada under work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expiry date: (dd/mm/yyyy)	
Which work permit? <input type="checkbox"/> Postgraduate WP <input type="checkbox"/> LMIA based WP <input type="checkbox"/> Co-op WP <input type="checkbox"/> PNP based WP <input type="checkbox"/> other				
How long the work permit is/was valid for: _____ years _____ months				
RELATIVES IN CANADA				
Do you/ your spouse have a close relative, who is Canadian citizen or permanent resident of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, His/ Her name:		Relation with you:		
City of residence:		Province:		
SIGNATURES				
I/ we authorize (by writing our names below) Shaad Canadian Immigration Services to keep our information for assessment . I/ we are keeping a copy of this application with us/me for record.				
Signature of applicant:			Date:	
Signature of spouse:			Date:	