



CANADA IMMIGRATION ASSESSMENT FORM

APPLICANT INFORMATION					
FAMILY NAME		GIVEN NAME			
DATE OF BIRTH (yyyy-mm-dd)		TELEPHONE			
ADDRESS			CURRENT COUNTRY OF RESIDENCE		
MARITAL STATUS			E-MAIL		
COUNTRY OF CITIZENSHIP			NUMBER OF CHILDREN 21 AND UNDER		
EDUCATION INFORMATION (start with most recent)					
DIPLOMA 1 TYPE			OFFICIAL NUMBER OF STUDY YEARS		
YEAR OF GRADUATION		FIELD OF STUDY			
NAME AND COUNTRY OF EDUCATIONAL INSTITUTION					
DIPLOMA 2 NAME			OFFICIAL NUMBER OF STUDY YEARS		
YEAR OF GRADUATION		FIELD OF STUDY			
NAME AND COUNTRY OF EDUCATIONAL INSTITUTION					
EMPLOYMENT INFORMATION (start with most recent and include cv if not enough space)					
EMPLOYER #1 NAME AND COUNTRY					
POSITION TITLE			# HOURS PER WEEK		
START DATE (yyyy-mm)			END DATE (yyyy-mm)		
MAIN TASKS	<ul style="list-style-type: none"> • • • • 				
EMPLOYER #2 NAME AND COUNTRY					
POSITION TITLE			# HOURS PER WEEK		
START DATE (yyyy-mm)			END DATE (yyyy-mm)		
MAIN TASKS	<ul style="list-style-type: none"> • • • • 				



EMPLOYER #3 NAME AND COUNTRY								
POSITION TITLE						# HOURS PER WEEK		
START DATE (yyyy-mm)				END DATE (yyyy-mm)				
MAIN TASKS	•							
	•							
	•							
	•							
LANGUAGE SKILLS (less than 2 years old)								
FRENCH		ENGLISH		TEST NAME			DATE TAKEN (yyyy-mm)	
SCORE #1	LISTENING	SPEAKING		READING		WRITING		
FRENCH		ENGLISH		TEST NAME			DATE TAKEN (yyyy-mm)	
SCORE #2	LISTENING	SPEAKING		READING		WRITING		
FAMILY MEMBERS IN CANADA								
NAME			RELATIONSHIP TO YOU			PROVINCE OF RESIDENCE		
NAME			RELATIONSHIP TO YOU			PROVINCE OF RESIDENCE		
PREVIOUS STAY IN CANADA								
PROVINCE AND PURPOSE OF VISIT			TYPE OF PERMIT ISSUED			START DATE (yyyy-mm)	END DATE (yyyy-mm)	
PROVINCE AND PURPOSE OF VISIT			TYPE OF PERMIT ISSUED			START DATE (yyyy-mm)	END DATE (yyyy-mm)	
BACKGROUND INFORMATION								
HAVE YOU EVER BEEN CONVICTED OF A CRIME (including drunk driving)? YES NO DATE (yyyy-mm)								
IF YES, PLEASE GIVE DETAILS AND DATE OF PARDON								
DID YOU HAVE A MAJOR ILLNESS? YES NO		IF YES, NAME OF ILLNESS				YEAR		
ARE YOU TAKING MEDICATION OR RECEIVING TREATMENT ON A REGULAR BASIS? YES NO								
IF YES, PLEASE NAME THE MEDICAL CONDITION AND PROVIDE A BRIEF EXPLANATION								
SETTLEMENT FUNDS AVAILABLE (in CAD and including spouse if applicable)		Less than \$12,000		\$12,000	\$15,000	\$18,000		
		\$22,000		\$25,000 or more				



Please fill out this section if you have a spouse or common-law partner and/or dependent children

FAMILY INFORMATION			
ARE YOUR CHILDREN (18 YEARS OR LESS) ACCOMPANYING YOU TO CANADA (if applicable)? YES NO			
DATE OF BIRTH OLDEST CHILD 1 (yyyy-mm-dd)		DATE OF BIRTH OLDEST CHILD 2 (yyyy-mm-dd)	
IS YOUR SPOUSE OR COMMON-LAW PARTNER ACCOMPANYING YOU TO CANADA (if applicable)? YES NO			
SPOUSE'S FAMILY NAME		SPOUSE'S GIVEN NAME	
SPOUSE'S DATE OF BIRTH (yyyy-mm-dd)			
SPOUSE'S EDUCATION INFORMATION (start with most recent)			
DIPLOMA 1 TYPE		OFFICIAL NUMBER OF STUDY YEARS	
YEAR OF GRADUATION		FIELD OF STUDY	
NAME AND COUNTRY OF EDUCATIONAL INSTITUTION			
DIPLOMA 2 NAME		OFFICIAL NUMBER OF STUDY YEARS	
YEAR OF GRADUATION		FIELD OF STUDY	
NAME AND COUNTRY OF EDUCATIONAL INSTITUTION			
SPOUSE'S EMPLOYMENT HISTORY (include CV if not enough space)			
EMPLOYER #1 NAME AND COUNTRY			
POSITION TITLE		# HOURS PER WEEK	
START DATE (yyyy-mm)		END DATE (yyyy-mm)	
MAIN TASKS	<ul style="list-style-type: none"> • • • • 		
EMPLOYER #2 NAME AND COUNTRY			
POSITION TITLE		# HOURS PER WEEK	
START DATE (yyyy-mm)		END DATE (yyyy-mm)	
MAIN TASKS	<ul style="list-style-type: none"> • • • 		



EMPLOYER #3 NAME AND COUNTRY			
POSITION TITLE		# HOURS PER WEEK	
START DATE (yyyy-mm)		END DATE (yyyy-mm)	
MAIN TASKS	•		
	•		
	•		
	•		
SPOUSE'S LANGUAGE SKILLS (less than 2 years old)			
FRENCH	ENGLISH	TEST NAME	DATE TAKEN (yyyy-mm)
SCORE #1	LISTENING	SPEAKING	READING
			WRITING
FRENCH	ENGLISH	TEST NAME	DATE TAKEN (yyyy-mm)
SCORE #2	LISTENING	SPEAKING	READING
			WRITING
SPOUSE'S FAMILY MEMBERS IN CANADA			
NAME	RELATIONSHIP TO YOU	PROVINCE OF RESIDENCE	
NAME	RELATIONSHIP TO YOU	PROVINCE OF RESIDENCE	
SPOUSE'S PREVIOUS STAY IN CANADA			
PROVINCE AND PURPOSE OF VISIT	TYPE OF PERMIT ISSUED	START DATE (yyyy-mm)	END DATE (yyyy-mm)
PROVINCE AND PURPOSE OF VISIT	TYPE OF PERMIT ISSUED	START DATE (yyyy-mm)	END DATE (yyyy-mm)
SPOUSE'S BACKGROUND INFORMATION			
HAVE YOU EVER BEEN CONVICTED OF A CRIME (including drunk driving)? YES NO DATE (yyyy-mm)			
IF YES, PLEASE GIVE DETAILS AND DATE OF PARDON			
DID YOU EVER HAVE A MAJOR ILLNESS? YES NO	IF YES, NAME OF ILLNESS	YEAR	
ARE YOU TAKING MEDICATION OR RECEIVING TREATMENT ON A REGULAR BASIS? YES NO			
I CERTIFY THAT THIS INFORMATION IS TRUE			
SIGNATURE		DATE	