

ASSESSMENT FORM

MAIN APPLICANT:

NAME:	
ACTIVE EMAIL:	
CONTACT NUMBER:	
ADDRESS:	
DATE OF BIRTH: (YYYY/MM/DD)	
AGE:	
PASSPORT NUMBER	
EDUCATIONAL BACKGROUND:	
WORK EXPERIENCE:	

SPOUSE OR COMMON-LAW-PARTNER / CHILDREN

NAME:	
DATE OF BIRTH (YYYY/MM/DD)	
AGE:	
PASSPORT NUMBER:	
EDUCATIONAL BACKGROUND:	
WORK EXPERIENCE:	
CHILDREN & AGE	

RELATIVES IN CANADA

NAME:	
ADDRESS:	
RELATIONSHIP:	

WHAT ARE YOUR INTENTIONS IN COMING TO CANADA?

- | | |
|--|--|
| <input type="checkbox"/> TOURIST VISA | <input type="checkbox"/> TEMPORARY RESIDENT VISA |
| <input type="checkbox"/> STUDENT VISA | <input type="checkbox"/> OTHER... |
| <input type="checkbox"/> WORKING VISA | |
| <input type="checkbox"/> PERMANENT RESIDENCY | |
- PLEASE SPECIFY: _____