

ASSESSMENT SHEET FOR SKILLED WORKERS

Principal applicant

Last Name

Middle Name

First Name

Spouse - common-law partner

Last Name

Middle Name

First Name

Telephone number with area code

Fax number

Email address

Mobile phone number

Occupation

This questionnaire will provide information for preliminary assessment of your qualifications. You don't have to sign or initialize the pages until you have confirmation that you will qualify and until you sign the retainer agreement with T&CS Canada.

Please fill out all the fields - if you don't have any information related to the question, please enter N/A.

Please note that it is very important to understand all questions before you answer them - if you are in doubt, contact us before you answer and sign this document. Any misrepresentation or omission may result in refusal of your application for work permit, or consequently in refusal of your application for permanent residence in Canada.

Agency File Number

Children

List all children from all relationships, including those of your wife. Please state the relationship. If you and your spouse have more than 3 children from all relationships, please see the next page for more space. Please state N/A when you have no more children to declare.

	Child	Child	Child
Whose child? (PA - spouse-child)			
Last Name			
First Name			
Date of Birth			
Relationship (daughter/son/grandchild)			
Place of birth			
Country of residence			
Status in this country			
Will accompany to Canada?			
Years of education			
Current activity (student, employed)			
Name of school or employer			
Since when (dd-mm-yyyy)?			
Marital status			
Has children?			
Personal identity card number			
Passport number			
Passport issued on			
Passport will expire			
Height			
Eye colour			
Can communicate in English?			
Can communicate in French?			

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

Children

List all children from all relationships, including those of your wife. Please state the relationship. State N/A if no more children are to be declared.

	Child	Child	Child
Whose child? (PA - spouse-child)			
Last Name			
First Name			
Date of Birth			
Relationship (daughter/son/grandchild)			
Place of birth			
Country of residence			
Status in this country			
Will accompany to Canada?			
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Current activity (student, employed)			
Name of school or employer			
Since when (dd-mm-yyyy)?			
Marital status			
Has children?			
Personal identity card number			
Passport number			
Passport issued on			
Passport will expire			
Height			
Eye colour			
Can communicate in English?			
Can communicate in French?			

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

PERSONAL HISTORY - Principal applicant

Have you ever visited Canada? No Yes

From (month/year)	To (month/year)	City	Province	Purpose

Do you have relatives in Canada? No Yes

Full name	Full address	Relationship	Status in Canada

Have you ever worked in Canada? No Yes If yes, state when and what you did:

From (month/year)	To (month/year)	City	Province	Occupation	Company name	Did you have a work permit?

Have you ever studied in Canada? No Yes If yes, state when, what educational institution you attended and what diploma or degree you obtained

From (month/year)	To (month/year)	City	Province	Name of school	Diploma or degree obtained	Did you have a study permit?

List all your brothers and sisters, including your step-brothers and step-sisters:

Last name	First name	Date of birth	Relationship	Marital status	Full address

List your parents, including your step-parents; state the relationship and their full residential address. If they are deceased, state the exact date of their death

Last name	First name	Date of birth	Relationship	Full address	If deceased, state the date

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

PERSONAL HISTORY - Spouse

Have you ever visited Canada? No Yes

From (month/year)	To (month/year)	City	Province	Purpose

Do you have relatives in Canada? No Yes

Full name	Full address	Relationship	Status in Canada

Have you ever worked in Canada? No Yes If yes, state when and what you did:

From (month/year)	To (month/year)	City	Province	Occupation	Company name	Did you have a work permit?

Have you ever studied in Canada? No Yes If yes, state when, what educational institution you attended and what diploma or degree you obtained

From (month/year)	To (month/year)	City	Province	Name of school	Diploma or degree obtained	Did you have a study permit?

List all your brothers and sisters, including your step-brothers and step-sisters:

Last name	First name	Date of birth	Relationship	Marital status	Full address

List your parents, including your step-parents; state the relationship and their full residential address. If they are deceased, state the exact date of their death

Last name	First name	Date of birth	Relationship	Full address	If deceased, state the date

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

EDUCATION - Principal applicant

List all schools you ever attended, including primary, secondary and tertiary. Start with the most current and work backwards.

From (month/year)	To (month/year)	Name of school	City	Diploma obtained

List all courses, professional training and workshops you attended as a part of your education or professional experience

From (month/year)	To (month/year)	Name of school	City	Certificate or diploma obtained

List all countries where you lived in the past for more than 6 months, for whatever reason:

From (month/year)	To (month/year)	Address	Reason for staying

EDUCATION - Spouse

List all schools you ever attended, including primary, secondary and tertiary. Start with the most current and work backwards.

From (month/year)	To (month/year)	Name of school	City	Diploma obtained

List all countries where you lived in the past for more than 6 months, for whatever reason:

From (month/year)	To (month/year)	Address	Reason for staying

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

PROFESSIONAL EXPERIENCE - Principal applicant

Please list ALL employments from the time you finished your education. Start with the most current and work backwards.

From (month/year)	To (month/year)	Name of employer	Address	Your position	Your salary

Your job description

From (month/year)	To (month/year)	Name of employer	Address	Your position	Your salary

Your job description

From (month/year)	To (month/year)	Name of employer	Address	Your position	Your salary

Your job description

From (month/year)	To (month/year)	Name of employer	Address	Your position	Your salary

Your job description

From (month/year)	To (month/year)	Name of employer	Address	Your position	Your salary

Your job description

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

Assets

List all your and your spouse's assets below:

Checking accounts

Date opened (dd-mm-yyyy)	Account number	Current balance in your currency	Current balance in CAD

Saving accounts

Date opened (dd-mm-yyyy)	Account number	Current balance in your currency	Current balance in CAD

Real estate property

Year of purchase	Description and address	Mortgage?	Purchase value in local currency	Current value in local currency	Current value in CAD

Assets

CRIMINAL HISTORY DECLARATION:

I declare that I do not have any criminal history and that neither I nor my spouse nor my children over 18 years of age who are included in this application have been ever charged or convicted with any criminal offense.

YES, one or more members of my family have criminal record

Principal Applicant

Please state the nature of charges or convictions:

IMPORTANT: Please state here whether you or any member of your immediate family (spouse, children) have any medical problems and what these problems are. Failure to disclose any medical condition prior to signing the agreement will void any guarantees offered by T&CS Canada.

NO, no member of my close family has any medical condition

YES, one or more members of my family have medical problem

Please state the nature of the medical problem:

I understand that I and my family members will have to undergo medical examination before I can be issued a work permit and/or permanent residence visa. If any of my family members have a medical condition that is a reason for inadmissibility, my application for work permit or a consequent application for permanent residence will be refused.

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

Language Skills - principal applicant

ENGLISH

Listening	Reading	Writing	Speaking
<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent
<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well
<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

FRENCH

Listening	Reading	Writing	Speaking
<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent
<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well
<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

Did you sit for the IELTS test?

No If not, you will have to pass the test to obtain exact points for English language

Yes If yes, please enter the results: Listening Reading Writing Speaking

Did you sit for the TEF test?

No If not, you will have to pass the test to obtain exact points for French language (if you claim to speak it)

Yes If yes, please enter the results: Listening Reading Writing Speaking

Language Skills - spouse or common-law partner

ENGLISH

Listening	Reading	Writing	Speaking
<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent
<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well
<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

FRENCH

Listening	Reading	Writing	Speaking
<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent
<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well	<input type="checkbox"/> Well
<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic	<input type="checkbox"/> Basic
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None

Did you sit for the IELTS test?

No If not, you will have to pass the test to obtain exact points for English language

Yes If yes, please enter the results: Listening Reading Writing Speaking

Did you sit for the TEF test?

No If not, you will have to pass the test to obtain exact points for French language (if you claim to speak it)

Yes If yes, please enter the results: Listening Reading Writing Speaking

If you are in doubt about the tests for both English and French, please check the following web sites for more information:

ENGLISH: IELTS - International English Language Test System - www.ielts.org

FRENCH: TEF - www.fda.ccip.fr

Please check this box and sign or type your initials confirming that you have read and understood the questions on this page: _____

DECLARATION

This questionnaire consists of 11 pages, including this one.

I declare that I understood all questions in the questionnaire and that all the information provided to T&CS Canada is true and that I did not omit any relevant facts related to my education, professional experience, marital status or family composition, health conditions or criminal history.

I fully understand that providing false or incomplete information could result in my application for permanent residence being refused and that any status in Canada may be revoked at any time in the future if an omission or misrepresentation on my part comes to light.

First Name

Middle Name

Last Name

Date

Signature - Principal Applicant

First Name

Middle Name

Last Name

Date

Signature - Spouse or Common-Law Partner