**Assessment Form**

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| **Contact Information** | |
| Title: |  |
| First Name: |  |
| Last Name: |  |
| Email address |  |
| Telephone: |  |
| Fax: |  |
| Nationality: |  |
| Current Address: |  |

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| **Personal Profile** | |
| Date of Birth: |  |
| Age: | Years old. |
| Marital Status: | Unmarried    Married or in a Common-Law Partnership |
| What is your Country of Residence: |  |
| What is your preferred **destination** in Canada? |  |
| Do you have any Dependent Children? | Yes    No |

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| **Personal Net Worth** | |
| Your *Personal Net Worth* is the value of all the assets (e.g. properties, investments, stocks, bonds, bank accounts) that you (and your spouse/common-law partner, if applicable) personally own after deducting the liabilities.  Please include your share of the value of any businesses that you own. | |
| Choose Currency: |  |
| Net Worth: |  |
| Other details : |  |

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| **Education and Training** |
| Have you completed high school (secondary school)?    Yes    No |
| Have you done any education or training other than high school (secondary school)?   Yes    No |
| Highest Degree details : |

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| **Present Occupation:** |  |
| **Your Work History/Experience** | Years |

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| **Language Skills** | | | | |
| English (Please check X in the appropriate box) | | | | |
|  | Speak | Read | Write | Understand |
| High |  |  |  |  |
| Intermediate |  |  |  |  |
| Beginner |  |  |  |  |

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| French (Please check X in the appropriate box) | | | | |
|  | Speak | Read | Write | Understand |
| High |  |  |  |  |
| Intermediate |  |  |  |  |
| Beginner |  |  |  |  |

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| **Business Experience** | |
| Do you have any business experience     Yes    No | |
| If yes, how many years |  |
| Brief note about your experience : | |

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| **Family and Friends in Canada** | |
| Do you have any family members, relatives, ancestors or close friends living in Canada?     Yes    No | |
| Relationship to you |  |
| Occupation |  |
| Nationality |  |
| Immigration status |  |

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| **Previous Canadian Visit** | |
| Have you had any type of visa to Canada before?  Yes    No | |
| If yes, please provide the following details: | |
| Type of Visa: |  |
| Date issued: |  |
| Place Issued |  |
| Length of validity: |  |
| Have you ever been refused a visa to Canada before?    Yes    No | |
| If yes, provide complete details: | |

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| **Additional Details** | |
| Whether you plan to immigrate to Canada permanently   or Temporary | |
| Do you have family or dependents that will immigrate with you?  Yes    No | |
| If yes, Please provide details: |  |
| Age |  |
| Relationship to you |  |
| Occupation |  |
| Nationality |  |

**Spousal Details**

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| **Education and Training** |
| Have completed high school (secondary school)?    Yes    No |
| Have done any education or training other than high school (secondary school)?   Yes    No |

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| **Present Occupation:** |  |
| **Work History/Experience** | Years |

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| **Language Skills** | | | | |
| English (Please check X in the appropriate box) | | | | |
|  | Speak | Read | Write | Understand |
| High |  |  |  |  |
| Intermediate |  |  |  |  |
| Beginner |  |  |  |  |

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| --- | --- | --- | --- | --- |
| French (Please check X in the appropriate box) | | | | |
|  | Speak | Read | Write | Understand |
| High |  |  |  |  |
| Intermediate |  |  |  |  |
| Beginner |  |  |  |  |