

ASSESSMENT FORM**Contact Information**

Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Last Name:	
Middle Name	
First Name:	
Email Address	
Telephone with Country code:	
Fax:	
Cell/Mobile Phone	
Nationality:	
Current Address:	City: State/Province: Country: Zip/Postal Code:

Personal Profile

Date of Birth:	Age - Years Months
Your Country of Residence at Present	
Your preferred destination in Canada	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Number of Dependent Children: <input type="text"/>

Language Skills

English				
	Speak	Read	Write	Understand
High				
Intermediate				
Beginner				

French				
	Speak	Read	Write	Understand
High				
Intermediate				
Beginner				

English Language Proficiency Test: ☐ Yes ☐ No
If Yes Which: ☐ IELTS ☐ TOFEL ☐ ESL ☐ TOEIC ☐ OTHER
NUMBER OF BANDS: SPEAKING WRITING LISTENING READING TOTAL

Education and Training			
Have you completed high school (secondary school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any education or training other than high school (secondary school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Years of Education:	<input type="checkbox"/> Elementary/Primary School <input type="checkbox"/> Secondary/High School <input type="checkbox"/> University/College <input type="checkbox"/> Trade School or Other		

EDUCATION DETAILS of all the Secondary and Post Secondary education including University, College and Apprenticeship training.					
From Year/Mth	To Year/Mth	Name of Institution	City/Country	Type of Diploma/ Degree/Certificate	Field of Study
<div></div>	<div></div>				
<div></div>	<div></div>				
<div></div>	<div></div>				
<div></div>	<div></div>				
<div></div>	<div></div>				
<div></div>	<div></div>				
<div></div>	<div></div>				

Are You or have you ever been associated/member of any Educational/Professional/Social/Political/Youth/Trade Union or any other Organization. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give full Details:
<div></div>

Present Occupation:		Your Total Work History/Experience	<div></div> Years
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WORK DETAILS					
From Year/Mth	To Year/Mth	Name of Employer	City/Country	Department/Section Branch	Position Held
<div></div> <div></div>	<div></div> <div></div>				
JOB DUTIES:-					
<div></div> <div></div>	<div></div> <div></div>				
JOB DUTIES:-					
<div></div> <div></div>	<div></div> <div></div>				
JOB DUTIES:-					
<div></div> <div></div>	<div></div> <div></div>				
JOB DUTIES:-					

Family and Friends in Canada			
Do you have any family members, relatives, ancestors or close friends living in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relationship to you		Occupation:	Immigration status:
Address	City: _____ Province: _____ Postal Code: _____		
Previous Canadian Visit			
Have you had any type of visa to Canada before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the following details:			
Type of Visa:			
Date issued:	<div> <div></div> <div></div> <div></div> </div> MM DD YYYY	Place Issued:	Length of validity: <div></div> <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Have you ever been refused a visa to Canada before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide complete details:			

Personal Net Worth	
Your <i>Personal Net Worth</i> 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.	
Net Worth: <div></div> in <div></div> currency.	
Provide Details:	

Additional Details			
Whether you plan to immigrate to Canada <input type="checkbox"/> Permanently <input type="checkbox"/> Temporary			
Do you have family or dependents that will immigrate with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please provide details:			
Age	Relationship to You	Occupation	Nationality
<div></div>			
<div></div>			
<div></div>			
<div></div>			

Provide all such additional information that you might think will help us evaluate your situation.
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SPOUSAL DETAILS

Date of Birth: <input type="text"/> - <input type="text"/> - <input type="text"/> MM DD YYYY	Age : years Months	Country of Residence (Present):
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Personal Profile

Last Name:	
Middle Name	
First Name:	

Language Skills

English				
	Speak	Read	Write	Understand
High				
Intermediate				
Beginner				

French				
	Speak	Read	Write	Understand
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English Language Proficiency Test:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If Yes Which:	<input type="checkbox"/> IELTS	<input type="checkbox"/> TOFEL	<input type="checkbox"/> ESL	<input type="checkbox"/> TOEIC	<input type="checkbox"/> OTHER
NUMBER OF BANDS:	<input type="text"/> SPEAKING	<input type="text"/> WRITING	<input type="text"/> LISTENING	<input type="text"/> READING	<input type="text"/> TOTAL

Family and Friends in Canada

Do you have any family members, relatives, ancestors or close friends living in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relationship to you		Occupation:	Immigration status:
Address	City: Province: Postal Code:		

Previous Canadian Visit

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If yes, please provide the following details:			
Type of Visa:			
Date issued:	<input type="text"/> - <input type="text"/> - <input type="text"/> MM DD YYYY	Place Issued:	Length of validity: <input type="text"/> <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Have you ever been refused a visa to Canada before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide complete details:			

Education and Training			
Have you completed high school (secondary school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any education or training other than high school (secondary school)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Net Worth: <input type="text"/> in <input type="text"/> currency.	
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<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>				

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JOB DUTIES:-					
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JOB DUTIES:-					

CANADIAN EMPLOYMENT / STUDY

Are you or your spouse or common law partner (if applicable) currently working in Canada with a work permit for which a Labour Market Opinion has been obtained, and is your employer willing to offer you a permanent position? Yes NO

If Yes, Please give details :-

Do you or your spouse or common law partner (if applicable) have a job offer from a Canadian company that is willing to employ permanently once you obtain permanent residence? Yes NO

If Yes, Please give details :-

Have you or your spouse or common-law partner (if applicable) studied full-time in Canada? Yes NO

If Yes, Please give details :-

Have you or your spouse or common-law partner (if applicable) worked full-time in Canada for at least a one-year period? Yes NO

If Yes, Please give details :-

Do you or your spouse or common-law partner (if applicable) have any family members in Canada who are citizens or permanent resident? Yes NO

If Yes, Please give details :-

ADMISSIBILITY

Have you or your spouse or common-law partner or any of your children: YES NO

Had any serious disease or physical or psychological disorder?

Been convicted of or are currently charged with a criminal offence in any country?

Applied previously for a temporary visa to Canada?

Applied previously for permanent residence in Canada?

Been refused a visa to Canada or any other country?

Been refused admission to or ordered removed from Canada or any other country?

Been involved in the commission of human rights violations, acts of subversion, espionage, terrorism, or organized criminality?

If you have replied “Yes” to any of the above questions, please provide details :-

FINAL DETAILS

If there is anything else that you believe is important in relation to your case please note it here.

DECLARATION

I _____ (Print Full Name) certify that the above information provided by me in the Free Assessment is true. Furthermore, I consent to the law office, contacting me in relation to the above free Assessment.