

services

 info.skcimmigration.com

 1-587-732-0007

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ENGLISH PROFICIENCY EXAM	
IELTS OR CELPIP	
General or Academic	
Date of Test	
SCORE	
Reading	
Writing	
Speaking	
Listening	
EDUCATION CREDENTIAL ASSESSMENT	
WES, IQAS, IQES OR ICES	
Date of Test	
Canadian Equivalency	

EDUCATION					
Please all your education (Elementary, Highschool and College)					
From (month- year)	To (month- year)	Name of Institution	Address	Course	Degree/ Diploma/ Certificate Issued

EMPLOYMENT HISTORY (For the last 10 years)				
From (month- year)	To (month- year)	Job Title	Address	Employer (please put address if the employer is Canadian)

TRAVEL HISTORY (For the last 10 years)				
From (month- year)	To (month- year)	City and Country	Purpose of Trip	Visa Issued (yes/no)

ADDITIONAL QUESTIONS

Read the following carefully and answer truthfully. Have you or your spouse/partner or dependent ever	No	Yes (Please provide a detailed explanation in the space below)
Been convicted of, or currently subject to any criminal proceeding in any country?		
Previously sought refugee status in Canada or applied for Canadian immigrant or permanent resident visa OR any other type of visa (e.g., temporary resident or visitor)?		
Been denied refugee status, OR any type of visa in Canada OR any other country?		
Been refused admission to or ordered to leave Canada OR any other country?		
Been involve in an act of genocide, a war crime, a crime against humanity, or the desecration of religious property?		
Used, use or plan to use violence as an end to achieve political, social or religious objectives?		
Have you been a member of a group that was involved with organized crime?		
Had any serious diseases or physical or mental disorders?		

IS THERE ANY OTHER INFORMATION THAT YOU FEEL IS IMPORTANT TO SHARE AS PART OF YOUR PRELIMINARY ASSESSMENT**A. STATEMENT OF CONSENT**

I solemnly declare that the information I have provided is true and that the documents I am submitting in support of my aassessment are genuine and have not been altered in any way. Typing your given name, middle name and surname will act as your signature for the declaration.

NAME OF APPLICANT

DATE

PLEASE USE AN ADDITIONAL SHEET OF PAPER, IF THE SPACE PROVIDED IS NOT ENOUGH FOR YOUR ANSWER.

IF YOU HAVE A SPOUSE OR COMMON-LAW PLEASE FILL OUT THE FORM BELOW WITH THEIR INFORMATION.

INSTRUCTIONS: Please complete this form. Do not write in the colored areas; write N/A if a question is not applicable to you. Use another sheet if the space provided is not enough.

NAME			
First Name/s			
Middle Name			
Last Name or Surname			
ADDRESS			
House Number			
Street			
City			
Province/State			
Country			
Postal Code			
CONTACT INFORMATION			
Telephone			
Cellphone			
Email			
PASSPORT			
Passport number			
Country of issue			
Issue Date			
Expiration Date			
PERSONAL INFORMATION			
Gender			
Date of Birth or Age			
City and Country of Birth			
Current Country of Residence			
Status in country of Residence			
Citizenship			
Marital Status <i>(if in common-law please include the date you started living together)</i>			
If you have children, please enter their ages separating with a comma.			
Enter the total amount of funds you have that are legal and transferable (Do NOT include equity in real state)			
RELATIVES IN CANADA			
Indicate relatives in Canada if any	Name	Relationship	Address
ENGLISH PROFICIENCY EXAM			
IELTS OR CELPIP			
General or Academic			
Date of Test			

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DATE _____

6 | Page