

QUESTIONNAIRE

Please complete the following questionnaire in order to better serve your needs and chances for successful immigration to Canada.

I AM The applicant The Sponsor
 A dependent aged 18 years or older

Full Legal Surname:	Full Legal Given name(s)
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All other names used including names(s) before marriage (if applicable):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Eye Color _____

Height cm: ft: in:

My Date of birth is D/T M/M Y/J	Age: _____	Place of birth (City or Town): _____
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Country of birth **Citizen of:** _____

My mailing address: _____	Telephone Number: _____
	Cellphone Number: _____

E-mail address: _____

Present marital status:

Never Married Engaged Married Common-Law
 Separated Widowed Divorced Annulled marriage

I have been married more than once:

Yes No If "Yes" state number of times: _____

If divorced, is the divorce legal and final? Yes No
 If yes, please give date when it was legalized and finalized (MM/DD/YY): _____

If separated, please give date starting (MM/DD/YY): _____

My Passport number is:	Country of issue:	Date of issue:	Date of expiry:
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Current Occupation: _____	Intended occupation in Canada: _____
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If you took the **IELTS** , **CELP** or **TEF** , please state the points in each category

Speaking Reading
 Writing Listening

What date was the test taken? (mm/dd/yyyy) _____

First language: _____ If you did not take the test(s): _____

Proficiency in English <i>(please check appropriate box)</i>									
Speaking	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Writing	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Listening	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

Proficiency in French <i>(please check appropriate box)</i>									
Speaking	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Writing	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>
Listening	<input type="checkbox"/>	Fluently	<input type="checkbox"/>	Well	<input type="checkbox"/>	With difficulty	<input type="checkbox"/>	Not at all	<input type="checkbox"/>

Do you have any relatives in Canada? (other than your spouse or life partner)

If yes, please define relation (i.e. brother, cousin):

If yes, please define their status in Canada (i.e. citizen, permanent resident):

Name

Address

Phone

Destination in Canada (city, town or province):

Have you ever studied or worked in Canada?

If yes, please give details (location, employer/school, etc.) and duration (mm/yyyy to mm/yyyy) of study or work permit.

Personal details of all your dependents whether accompanying you or not.

	SPOUSE	DEPENDANT 1	DEPENDANT 2	DEPENDANT 3
Legal Family name				
Legal Given name(s)				
Date of birth	D/T M/M Y/J	D/T M/M Y/J	D/T M/M Y/J	D/T M/M Y/J
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Place of birth (City or Town)				
Country				
Citizenship				
Marital status				
Relationship to me				
Will accompany me to Canada? If No, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living with you? If No, why not?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport number				
Country of Issue				
Date of expiry	D/T M/M Y/J	D/T M/M Y/J	D/T M/M Y/J	D/T M/M Y/J
Current occupation				
Years of education				
Level of education				
Fluent in English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fluent in French	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First language				

How much money will you bring to Canada?

Transferable \$

Property value \$

Monthly transferable pension \$

Other \$

Do you have any debts or legal obligations? (child support, etc. ...), give the name of person or organization

Total debts (amount)

My Education (indicate the number of years of school successfully completed)

____ Years of Elementary ____ Secondary & High school ____ University/College ____ Apprenticeship

Indicate your highest level of education:

Secondary or less Formal trade certificate/ apprenticeship Some university, but no degree

Bachelor's degree Some post-graduate studies, but no degree Master's degree Ph. D.

MY EDUCATION (All Schools, University, College & Apprenticeship training)

From M/M Y/Y	To M/M Y/Y	Name of Institution	City & Country	Type of Certificate

Please add another sheet or copy this page if you need more space

My WORK HISTORY (since my 18th birthday, include travel or unemployment over 1 month):

From M/M Y/Y	To/ Bis M/M Y/Y	Name of Employer	City & Country	My Occupation	Gross Monthly Income

I have lived at the following ADDRESSES for the past 10 years

From M/M Y/Y	To M/M Y/Y	Street address	City	Country

In the past 10 years, have you been or still are associated with a political, social, youth, student or vocational organizations, trade unions or professional associations. Include military service (show military rank, unit and location of service)

From M/M Y/Y	To M/M Y/Y	Name & Address of Organization	Type of Organization	Position

Please add another sheet or copy this page if you need more space

Your parents' names are:

Father's full legal name /

Date of birth day/month/year

City or town of birth

Country of birth

If deceased, give date day/month/year

Mother's full legal name AND maiden name

Date of birth day/month/year

City or town of birth

Country of birth

If deceased, give date day/month/year

Additional Questions:

Have you, or, if you are the principal applicant, any of your family members listed in your application for permanent residence in Canada, ever:

Yes No

been convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject of any criminal proceedings in any country, or been detained or put in jail, or has your driver's license ever been suspended?

Previously sought refugee status in Canada or applied for a Canadian immigrant or permanent resident visa or visitor or temporary resident visa?

been refused refugee status in, or an immigrant or permanent resident visa or visitor or temporary resident visa to, Canada or any other country, or have been refused a Certificat de sélection du Québec (CSQ) to Quebec?

been refused admission to, or ordered to leave, Canada or any other country?

Yes No

been involved in an act of genocide, a war crime or in the commission of a crime against humanity?

used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives, or been associated with a group involved in such activities?

had any serious disease or physical or mental disorder, or accidents with consequences?

If you answered yes in any of these questions, please explain the situation in more detail:

Additional comments:

Declaration:

I hereby state that the information I have provided in this pre-immigration questionnaire is accurate and true representation of my current and past situation. I also accept that the information given in this declaration will be used – in part – as the basis for an application for a work permit, student permit and/or a permanent residence visa for Canada (should I elect to use the services of Castoridae Immigration Services) and that the decision to issue such a visa or permit is the sole decision of Canadian Immigration authorities.

Signature: _____

Date: _____

A spouse or a common-law spouse and all children over the age of 18 should complete the same form.

NOTE: This form is not an immigration application but for evaluation or preparation purposes only.

Once completed, please forward this questionnaire to our office, by email or post.

Marion Tischmann, RCIC
Castoridae Immigration Services
180 Hawkwood Blvd, NW
Calgary, AB - T3G 2T2

Email: CastoridaeImmigrationServices@gmail.com

Other: