**FREE ASSESSMENT FORM**

Please fill in the required information completely so our Licensed Immigration Consultants (RCICs) can evaluate your eligibility. If not applicable, put "N/A." Please note that information provided is strictly confidential.

Please NOTE: only Regulated Canadian Immigration Consultants (RCICs) , lawyers, Quebec Notaries can be paid to legally provide advice and represent clients in Immigration, Refugee and Citizenship matters.

**BASIC QUESTIONS**

1. This time, the purpose of you coming to Canada is ：\_\_\_\_\_\_\_\_\_\_\_\_

A: Visit B: Study C: Work D: Permanent Resident E: Refugee Protection

2. Please indicate the questions you most want to know during this consultation：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| LAST NAME | FIRST NAME | DATE OF BIRTH  (YY-MM-DD) | GENDER |
|  |  |  |  |
| CITIZENSHIP(S) | PERMANENT RESIDENCY | CURRENT COUNTRY OF RESIDENCE | STATUS |
|  |  |  |  |
| COUNTRY OF BIRTH | CELL PHONE | E-MAIL | WECHAT |
|  |  |  |  |
| CURRENT MARITAL STATUS | SINGLE\_\_\_\_\_\_\_ MARRIED\_\_\_\_\_\_\_  DIVORCED\_\_\_\_\_\_\_ COMMON-LAW\_\_\_\_\_\_  LEGALLY SEPARATED \_\_\_\_\_\_  ANNULLED MARRIAGE\_\_\_\_\_ WIDOWED\_\_\_\_\_\_ | | |

**CURRENT SPOUSE OR COMMON-LAW PARTNER**

|  |  |  |  |
| --- | --- | --- | --- |
| LAST NAME | FIRST NAME | DATE OF BIRTH  (YY-MM-DD) | GENDER |
|  |  |  |  |
| CITIZENSHIP(S) | PERMANENT RESIDENCY | CURRENT COUNTRY OF RESIDENCE | STATUS |
|  |  |  |  |
| PROFESSION | | | |
| COMPANY NAME | FROM (YY-MM)  TO (YY-MM) | JOB TITLE - JOB DUTIES | Monthly income(USD,CAD,RMB) |
|  |  |  |  |
| EDUCATION | | | |
| HIGHEST DIPLOMA | NAME OF INSTITUTION /MAJOR | FULL-TIME\_\_\_\_\_  PART-TIME\_\_\_\_\_ | From \_\_\_\_YY\_\_\_MM  TO \_\_\_\_\_YY \_\_\_MM |
|  |  |  |  |
| 语言 LANGUAGE | | | |
| IELTS GENERAL | IELTS ACADEMY/TOEFL/Other | FRENCH  TEF, TEFAQ, TCF, TCFQ, DECF/DALF | |
|  |  |  | |

**ALL CHILDREN：**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | Middle Name | First Name | Gender | Date Of Birth | Country Of Birth | Citizenship | Custodian |
|  |  |  |  |  |  |  |  |
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**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Highest Diploma | Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vocational \_\_\_\_\_  College \_\_\_\_\_ University \_\_\_\_\_ Graduate \_\_\_\_\_ PH.D\_\_\_\_\_\_\_\_\_\_ | |
| Vocational education  Name Of Institution /Major |  | From： \_\_\_\_\_Y \_\_\_M To \_\_\_\_\_Y \_\_\_M  Full-time\_\_\_\_\_ Part-time\_\_\_\_\_ |
| College/ University  Name Of Institution /Major |  | From： \_\_\_\_\_Y \_\_\_M To \_\_\_\_\_Y \_\_\_M  Full-time\_\_\_\_\_ Part-time\_\_\_\_\_ |
| Graduate/ PH.D  Name Of Institution /Major |  | From： \_\_\_\_\_Y \_\_\_M To \_\_\_\_\_Y \_\_\_M  Full-time\_\_\_\_\_ Part-time\_\_\_\_\_ |

**WORK EXPERIENCE SINCE GRADUATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name & Address | From (YY-MM) To (YY-MM) | Job Title | Job Duties | Monthly income(USD,CAD,RMB) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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**LANGUAGE SKILLS**

|  |  |  |
| --- | --- | --- |
| **ENGLISH** | | |
| IELTS GENERAL | Listening \_\_\_\_ Speaking \_\_\_\_ Reading \_\_\_\_ Writing \_\_\_\_  TOTAL\_\_\_\_ | DATE OF TEST\_\_\_\_\_\_\_  NONETAKEN\_\_\_\_\_\_\_\_\_\_\_\_ |
| IELTS ACADEMIC/TOEFL/Other | Listening \_\_\_\_ Speaking \_\_\_\_ Reading \_\_\_\_ Writing \_\_\_\_  TOTAL\_\_\_\_ | DATE OF TEST\_\_\_\_\_\_\_  NONETAKEN\_\_\_\_\_\_\_\_\_\_\_\_ |
| **FRENCH** | | |
| The Exam you took  TEF \_\_\_\_  TEFAQ \_\_\_\_  TCF \_\_\_\_  TCFQ \_\_\_\_ DECF/DALF \_\_\_\_ | Compréhension Orale: \_\_\_\_\_\_\_\_  Compréhension Écrite: \_\_\_\_\_\_\_\_  Expression Orale: \_\_\_\_\_\_\_\_  Expression Écrite: \_\_\_\_\_\_\_\_  TOTAL NIVEAU: \_\_\_\_\_\_\_\_ | DATE OF TEST\_\_\_\_\_\_\_  NONETAKEN\_\_\_\_\_\_\_\_\_\_\_\_ |

**OTHER INFORMATION**

1. Have you been to Canada before? YES \_\_\_\_ NO \_\_\_\_

If yes, when：\_\_\_\_\_\_ Y\_\_\_\_ M\_\_ D， Period：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose： \_\_\_\_\_\_\_\_\_\_\_ (tourism, visit relatives, business etc.)

If multiple times, please list the above information of every time：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Do you have any other countries’ valid visas? If yes, list all the countries’ names, the type and validity of visas :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Up to present, your overseas travel history:

e.g. : U.S., Purpose of visit: Tourism; Travel date: 2017.1.5-2017.1.20

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you have any relatives in Canada? YES \_\_\_\_ NO\_\_\_\_\_ If yes, the relationship to you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you or your family members have any health issue? YES\_\_\_\_ NO\_\_\_\_

If yes, please specify the reason and situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you or your family members have any criminal record? YES\_\_\_\_ NO\_\_\_\_

If yes, please specify the reason and situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_