

# Preliminary Assessment Form for Evaluating Eligibility to Immigrate to Canada

The purpose of this form is to collect information to assist us in assessing the eligibility of applicants who are currently residing outside of Canada and who wish to apply to immigrate to Canada. Please complete all sections of this form that apply to you as thoroughly as possible. Clear and complete information will assist us in completing your eligibility assessment in a timely fashion.

**Part 1** of this form is for the collection personal and contact information for:

- a) You (**main applicant**)
- b) Your spouse (if applicable)
- c) Your dependant children (if applicable)

**Part 2** of this form should be filled if you are a **Business Class Applicant**

## PART 1: PERSONAL AND CONTACT INFORMATION

### SECTION A: Applies to you, the main applicant

**Name:** First:  Middle:  Last:

**Residency Address:** Street:

City:  Prov/State/Terr:  Postal/Zip Code:

**eMail Address:**

**What is your province of destination?** (If visiting multiple provinces, select the one in which you will be spending most of your time while in Canada.)

**Home Ph #:**  (Include area code) **Fax #:**  (Include area code) **Cell/Mobile #:**  (Include area code)

**Eye Colour:**  **Height:**  (in cm) **Gender:**  Male  Female **Date Of Birth:** (As on passport) M:  D:  Y:

**Country of Birth:**  **Nationality:**  **Other Nationalities:**

**City of Birth:**

**Passport issuance date:** Mon:  Day:  Year:  **Passport expiry date:** Mon:  Day:  Year:

**Marital Status:**  **Family name before marriage:**

**Date of current marriage:** (As on marriage license) Mon:  Day:  Year:  **No. of children:**  \* More info will be collected in Section C, "Your Children"

**Did you get married or begin a common-law relationship before your 22nd birthday?**  No  Yes

**Family:** List all other family or close relatives (who are NOT your children) living in Canada. Give full name and relationship to you of each (father, mother, brother, sister, uncle, aunt, nephew or niece) and their home address in Canada:

# GLI - Prelim. Assessment Form for Evaluating Eligibility to Immigrate to Canada

## Your Educational Background

Highest level of education:

Total no. of years for all education levels  
(Total years of all school levels: primary + high sch  
+ college + univ):

Field of education:  Completed major:

Did you study  No If yes, where?  When?  to   
in Canada?  Yes (Year to year)

**English language ability:** For each category below, select the one that best applies to you:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

**French language ability:** For each category below, select the one that best applies to you:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

### **Other language ability:**

List all other languages that you have proficiency in - make note of your listening, speaking, writing and reading abilities and comprehension levels for each:

## Your Previous Work Experience

Do you have previous  No If yes, choose the one that best indicates  
work experience  Yes the length of your experience   
**OUTSIDE Canada?**

If applicable, choose the category that your occupation falls under:

Are you a permanent resident of the United States and do you have your alien registration card ("Green Card") or other proof of permanent US residence?  Yes  No

Have you worked  No If yes, where?  When?  to   
IN Canada?  Yes (Year to year)

Choose the time period that best expresses how much total full-time (or equivalent to full-time) skilled work experience you have had in Canada:

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In the field below, list your work experience for the past 15 years in chronological order, starting with your current or most recent position. For each, give the following: 1) company/employer name, 2) dates of employment, 3) position and daily duties, 4) any training received  
*\*If available, please send us a copy of your updated résumé.*

## **Your Future Employment Plans**

**Do you have a written offer from an employer in Canada?**    Yes    No

**Do you have any arranged permanent employment offer from an Canadian employer in Canada?**    Yes    No

**Do you have any arranged temporary employment offer from an Canadian employer in Canada?**    Yes    No

**Do you plan to own or operate a farm in Canada?**    Yes    No

**Do you plan to be self-employed in sports or cultural activities?**    Yes    No

**What is your estimated net worth in Canadian dollars?**

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## Your Previous Marriage(s)

\* Regardless of whether you are currently married or single, please complete the section below IF you were married before. If you were never married before your current marriage or single status, skip ahead to Section B of this form. Please complete as many sections below as necessary pertaining to all your previous marriages. Please list in chronological order from earliest previous marriage to most recent previous marriage. If more space is required, please send in a separate document with the info given in the same format as below.

### **Previous Spouse**

**#1 Name:**

First:  Middle:  Last:

### **Date of Marriage to Previous Spouse # 1:**

(As on marriage certificate)

M:  D:  Y:

### **Date of Separation from Previous Spouse # 1:**

M:  D:  Y:

### **Date of Divorce from Previous Spouse # 1:**

(As on divorce certificate)

M:  D:  Y:

### **Previous Spouse**

**#2 Name:**

First:  Middle:  Last:

### **Date of Marriage to Previous Spouse # 2:**

(As on marriage certificate)

M:  D:  Y:

### **Date of Separation from Previous Spouse # 2:**

M:  D:  Y:

### **Date of Divorce from Previous Spouse # 2:**

(As on divorce certificate)

M:  D:  Y:

## SECTION B: Applies to your spouse

\* If you are currently married, please complete the section below. If you are not currently married, skip ahead to Section C of this form.

**Spouse's Name:**

First:  Middle:  Last:

**Spouses's Residency Address:**

Street:  City:

Province/State/Territory:

Country:

**Spouse's eMail Address:**

**Spouse's Home Ph #:**

(Include area code)

**Spouse's Fax #:**

(Include area code)

**Spouse's Cell/Mobile #:**

(Include area code)

**Spouse's Eye Colour:**

**Spouse's Height:**  
(in cm)

**Spouse's Gender:**  Male  Female

**Spouse's Date Of Birth:**

(As on passport)

M:  D:  Y:

**Spouse's Country of Birth:**

**Spouse's City of Birth:**

**Spouse's Nationality:**

**Spouse's Other Nationalities:**

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**Spouse's  
Passport  
issuance date:**

Mon:  Day:  Year:

**Spouse's  
Passport  
expiry date:**

Mon:  Day:  Year:

**Number of children belonging to your spouse from a previous marriage:**

(\* More info will be collected in Section C, "Your Children")

**Spouse's Family:** List all other family or close relatives of your spouse (*who are NOT your spouse's children*) who are living in Canada. Give full name and relationship to your spouse of each (father, mother, brother, sister, uncle, aunt, nephew or niece):

## Your Spouse's Educational Background

**Spouse's highest level of education:**

Total no. of years for all education levels  
(Total years of all school levels: primary + high school + college + university):

**Spouse's field of education:**  **Completed major:**

**Did your spouse study in Canada?**  No  Yes  
If yes, where?  When? (Year to year)  to

**Your spouse's English language ability:** For each category below, select the one that best applies to your spouse:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

**Your spouse's French language ability:** For each category below, select the one that best applies to your spouse:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

## Other language ability:

List all other languages that your spouse has proficiency in - make note of your spouse's listening, speaking, writing and reading abilities and comprehension levels for each:

# GLI - Prelim. Assessment Form for Evaluating Eligibility to Immigrate to Canada

## Your Spouse's Work Experience

**Has your spouse worked in Canada?** If yes, where?  When?  to   
(Year to year)

In the field below, list your spouse's work experience for the past 15 years in chronological order, starting with his/her current or most recent position. For each, give the following: 1) company/employer name, 2) dates of employment, 3) position and daily duties, 4) any training received \*If available, please send us a copy of your spouse's updated résumé.

## Your Spouse's Previous Marriage(s)

\* Please complete the section below IF your current spouse was married before. If your current spouse was never married before, skip ahead to Section C of this form.

Please complete as many sections below as necessary pertaining to all of your spouse's previous marriages. Please list in chronological order from earliest previous marriage to most recent previous marriage. If more space is required, please send in a separate document with the info given in the same format as below.

**Spouse's Previous Spouse #1 Name:** First:  Middle:  Last:

**Spouse's Date of Marriage to Previous Spouse # 1:** (As on marriage certificate) M:  D:  Y:

**Spouse's Date of Separation from Previous Spouse # 1:** M:  D:  Y:

**Spouse's Date of Divorce from Previous Spouse # 1:** (As on divorce certificate) M:  D:  Y:

**Spouses's Previous Spouse #2 Name:** First:  Middle:  Last:

**Spouse's Date of Marriage to Previous Spouse # 2:** (As on marriage certificate) M:  D:  Y:

**Spouse's Date of Separation from Previous Spouse # 2:** M:  D:  Y:

**Spouse's Date of Divorce from Previous Spouse # 2:** (As on divorce certificate) M:  D:  Y:

## SECTION C: Your Children

\* If you and/or your current spouse do not have any children, please skip ahead to PART 2 of this form.

The following section applies to all who belong to you as follows:

- your children from a previous relationship (whether you are currently single, widowed, separated or divorced)
- your children from your current marriage
- your spouse's children with a different partner from a previous marriage or relationship

If more space is required (i.e. you have more than [4] children), please send in a separate document with the information given in the same format as on the following pages...

# GLI - Prelim. Assessment Form for Evaluating Eligibility to Immigrate to Canada

## Child #1

**Child #1 Name:** First:  Middle:  Last:

**Child #1 Residency Address:** Street:  City:

Province/State/Territory:  Country:

**Child #1 Eye Colour:**  **Child #1 Height:**  (in cm) **Child #1 Gender:**  Male  Female **Child #1 Date Of Birth:** M:  D:  Y:  (As on passport)

**Child #1 Country of Birth:**  **Child #1 City of Birth:**

**Child #1 Nationality:**  **Child #1 Other Nationalities:**

**Child #1 Passport issuance date:** Mon:  Day:  Year:  **Child #1 Passport expiry date:** Mon:  Day:  Year:

**Child #1 Marital Status:**  **Child #1 Family name before marriage:**

**Date of Child #1 current marriage:** (As on marriage license) Mon:  Day:  Year:

**Child #1 highest level of education:**  **Child #1 occupation:**

**Did Child #1 study in Canada?**  Yes  No If yes, where?  When? (Year to year)  to

**Child #1 English language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

**Child #1 French language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

### Other language ability:

List all other languages that child #1 has proficiency in - make note of child #1's listening, speaking, writing and reading abilities and comprehension levels for each:

# GLI - Prelim. Assessment Form for Evaluating Eligibility to Immigrate to Canada

## Child #2

**Child #2 Name:** First:  Middle:  Last:

**Child #2 Residency Address:** Street:  City:

Province/State/Territory:  Country:

**Child #2 Eye Colour:**  **Child #2 Height:**  (in cm) **Child #2 Gender:**  Male  Female **Child #2 Date Of Birth:** M:  D:  Y:  (As on passport)

**Child #2 Country of Birth:**  **Child #2 City of Birth:**

**Child #2 Nationality:**  **Child #2 Other Nationalities:**

**Child #2 Passport issuance date:** Mon:  Day:  Year:  **Child #2 Passport expiry date:** Mon:  Day:  Year:

**Child #2 Marital Status:**  **Child #2 Family name before marriage:**

**Date of Child #2 current marriage:** (As on marriage license) Mon:  Day:  Year:

**Child #2 highest level of education:**  **Child #2 occupation:**

**Did Child #2 study in Canada?**  Yes  No If yes, where?  When? (Year to year)  to

**Child #2 English language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

**Child #2 French language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

### Other language ability:

List all other languages that child #2 has proficiency in - make note of child #2's listening, speaking, writing and reading abilities and comprehension levels for each:



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## Child #3

**Child #3 Name:** First:  Middle:  Last:

**Child #3 Residency Address:** Street:  City:

Province/State/Territory:  Country:

**Child #3 Eye Colour:**  **Child #3 Height:**  (in cm) **Child #3 Gender:**  Male  Female **Child #3 Date Of Birth:** M:  D:  Y:  (As on passport)

**Child #3 Country of Birth:**  **Child #3 City of Birth:**

**Child #3 Nationality:**  **Child #3 Other Nationalities:**

**Child #3 Passport issuance date:** Mon:  Day:  Year:  **Child #3 Passport expiry date:** Mon:  Day:  Year:

**Child #3 Marital Status:**  **Child #3 Family name before marriage:**

**Date of Child #3 current marriage:** (As on marriage license) Mon:  Day:  Year:

**Child #3 highest level of education:**  **Child #3 occupation:**

**Did Child #3 study in Canada?**  Yes  No If yes, where?  When? (Year to year)  to

**Child #3 English language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

**Child #3 French language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

### Other language ability:

List all other languages that child #3 has proficiency in - make note of child #3's listening, speaking, writing and reading abilities and comprehension levels for each:

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## Child #4

**Child #4 Name:** First:  Middle:  Last:

**Child #4 Residency Address:** Street:  City:

Province/State/Territory:  Country:

**Child #4 Eye Colour:**  **Child #4 Height:**  (in cm) **Child #4 Gender:**  Male  Female **Child #4 Date Of Birth:** M:  D:  Y:  (As on passport)

**Child #4 Country of Birth:**  **Child #4 City of Birth:**

**Child #4 Nationality:**  **Child #4 Other Nationalities:**

**Child #4 Passport issuance date:** Mon:  Day:  Year:  **Child #4 Passport expiry date:** Mon:  Day:  Year:

**Child #4 Marital Status:**  **Child #4 Family name before marriage:**

**Date of Child #4 current marriage:** (As on marriage license) Mon:  Day:  Year:

**Child #4 highest level of education:**  **Child #4 occupation:**

**Did Child #4 study in Canada?**  Yes  No If yes, where?  When? (Year to year)  to

**Child #4 English language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

**Child #4 French language ability:** For each category below, select the one that best applies:

Listening Comprehension:  Speaking Ability:

Writing Ability:  Reading Comprehension:

### Other language ability:

List all other languages that child #4 has proficiency in - make note of child #4's listening, speaking, writing and reading abilities and comprehension levels for each:

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## SECTION D: Additional Family Information

Cultural and linguistic region you would prefer to live in:

Total family net worth in \$CAD (Main Applicant + Spouse):

**If your application for immigration to Canada is successful and you are issued a visa, will your financial status and your assets cover your family's living expenses during the first six (6) months after you arrive in Canada?**

Yes

No

**Medical History:** Please list any serious medical problems that you, your spouse or any of your children currently have or that you may have had in the past in the field below:

**Criminal History:** Please disclose any criminal history that you, your spouse or any of your children currently may have in the field below:

# GLI - Prelim. Assessment Form for Evaluating Eligibility to Immigrate to Canada

## **PART 2: ADDITIONAL INFORMATION - BUSINESS CLASS APPLICANTS**

*The section below should be completed by immigration applicants in the Business Class: Investors, Entrepreneurs & Self-Employed. If you are not a Business Class Applicant, please skip ahead to the Applicant Declaration at the end of this form.*

**Check off all from the list below that apply to your situation during the past five (5) consecutive years:**

- I own(ed) / manage(d) my own business
- I own(ed) a percentage of shares in my managed business    My percentage of shares was / is:  %
- I am / was in a Senior Management position
- I am / was managing at least five (5) full-time employees

Your business' annual sales volume in \$CAD:       Your business' annual revenue in \$CAD:

Your business' annual income in \$CAD:       Your business' assets in \$CAD:

Your business' net worth (value) in \$CAD:       The age of your business in years:

Total number of employees:       Total number of share holders:

Describe the nature/type of your business:

**Business Legal/Registered Name:**

**Business Address:** Street:

City:       Prov/State/Terr:       **Postal/Zip Code:**

**Business Website Address:**

### **Applicant Declaration:**

*I declare that I have carefully read the questions in this questionnaire; that the information I have given on this form is complete, correct, accurate and fully discloses everything concerning my eligibility to immigrate to Canada.*

*I understand that any false or misleading information may be grounds of receiving an inaccurate profile assessment from the immigration consultant.*

*I understand that I have to translate all my personal documents at a sworn translator at my own personal expense and that this must be done before I submit them with my application for the purposes of immigration.*

**Full name:**       Month:       Day:       Year: