

DENA & KICH SERVICES INC. CANADA

Preliminary Assessment Form: - Immigration to Canada

Instructions: Please fill out this form completely and truthfully. Send to Dena & Kich Services Inc.

Email: info@denakich.ca

PERSONAL INFORMATION:

Salutation: Mr. Mrs. Ms. Dr.

First Name		Middle Name		Lastname	
Date of Birth (Day/Month/Year)			Place of Birth	Country of Birth	
Sex (Male/Female)			Country of Residence	Nationality	
Cell Phone:			Home Phone:	Email Address:	
Marital Status:	If you are married, date of Marriage (day/month/year)		If common –law relationship, date you started living together		
Spouse/ Partner Age	Will spouse/partner immigrating to Canada with you?		Spouse/Partner highest level of education		
Employment Status (if self-employed fill out attached business form)			Do you currently have a job offer from a Canadian Employer? (Yes/No)		
Do you have a Child or Children? (Yes/No)	Number of Child/Children?		Age of Child/Children		
Do you or your spouse/partner have any Blood Relative in Canada? (Canadian/PR) Y/N		If yes, what is the relationship to you?			
Have you ever visited Canada? (Yes/No)	Have you lived in Canada before? (Yes/No)	Indicate whether you have worked / studied in Canada? (Yes/No)		Have you ever been issued a visa, ETA, work or studied permit to Canada? (Yes/No)	
Have you ever filed a refugee claim in Canada? (Yes/No)			Have you ever had been deported from Canada (Yes/No)?		

If YES to any of these questions, please give details on attached sheet

Ability in English and French Language

ENGLISH: (High/Moderate/Basic/None)			
Results (if any) Examining Body			
Date of Test:			
Speaking	Listening	Writing	Reading

FRENCH: (High/Moderate/Basic/None)			
Results (if any) Examining Body			
Date of Test:			
Speaking	Listening	Writing	Reading

Education Profile:

Provide the following information for your high school and ALL schools attended thereafter:

From: (Year/Month)	To: (Year/Month)	Name of School	City / Country	Type of Certificate/ Diploma/ Degree Issued	Field of Study

Employment History:

Please provide your career history for the past ten (10) years, beginning with the current and include part-time positions:

From: (Year/Month)	To: (Year/Month)	Job Title	Organisation	Hours worked per week	NOC	Average Annual Income	City/Country

SPOUSE /PARTNER INFORMATION.

Ability in English and French Language

ENGLISH: (High/Moderate/Basic/None)			
Results (if any) Examining Body			
Date of Test:			
Speaking	Listening	Writing	Reading

FRENCH: (High/Moderate/Basic/None)			
Results (if any) Examining Body			
Date of Test:			
Speaking	Listening	Writing	Reading

Spouse / Partner Education Profile:

Provide the following information for your high school and ALL schools attended thereafter:

From: (Year/Month)	To: (Year/Month)	Name of School	City / Country	Type of Certificate/ Diploma/ Degree Issued	Field of Study

Spouse/ Partner Employment History:

Please provide your career history for the past ten (10) years, beginning with the current and include part-time positions:

From: (Year/Month)	To: (Year/Month)	Job Title	Organisation	Hours worked per week	NOC	Average Annual Income	City/Country

OTHERS:

Have you or your spouse/common law partner or dependent children ever:

Committed any crime or offence in any country. Yes/No	
Been convicted of or currently charged with any crime or offence in any country Yes/No	
Had any serious disease or physical or mental disorder. Yes/No	
Have you ever been in the military/parliament/ armed forces? Yes/no	
Been involved in an act of genocide, a war crime against humanity. Yes/No	
Are you a member of any organization that uses or plan to use violence or armed struggle as an end to achieve political, social or religious objectives. Yes/No	
Been denied any types of visa in Canada or any other country. Yes/No	
Have you ever worked for any government? Yes/No	
Been refused admission to or ordered to leave Canada or any other country. Yes/No	
Been denied refugee status in Canada or any other country. Yes/No	

If you answered YES to any of the questions, please give details below

Details of Referral

Name:

Date:

Signature: