

# Skilled Worker Information Form

New Brunswick Provincial Nominee Program



The principal applicant must complete this form. Please print clearly.

**Category**     Employer Support     Family Support

## APPLICANT INFORMATION

**Do not provide information for your immigration representative, consultant or lawyer in this section**

\_\_\_\_\_  
Name (Last, First, Middle)     Male     Female

\_\_\_\_\_  
Date of birth (dd,mm,yyyy)    Country of citizenship    Passport No.

\_\_\_\_\_  
Current **residential address**, including postal code (Do not use a third party address)

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone (daytime)    Telephone (evening)    Email

## DEPENDENT FAMILY MEMBERS

Include all dependent family members.

<i>Family name</i>	<i>Given name(s)</i>	<i>Relationship</i>	<i>Birth date (dd,mm,yyyy)</i>	<i>City, country of residence</i>	<i>Will be included in your application?</i>
					<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
					<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

**LANGUAGE ABILITY**

Use the following chart to describe your speaking ability.

<i>Level</i>	<i>Ability</i>	<i>English</i>	<i>French</i>
Advanced	Operational command of the language with only occasional inaccuracies	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate	Effective command of the language despite some inaccuracies and misunderstandings	<input type="checkbox"/>	<input type="checkbox"/>
Basic	Partial competence in familiar situations.	<input type="checkbox"/>	<input type="checkbox"/>

**SECONDARY AND POST SECONDARY EDUCATION**

Provide details of your secondary and post secondary education.

<i>Institution</i>	<i>Location</i>	<i>Dates</i>	<i>Certificate issued</i>

**PREVIOUS IMMIGRATION APPLICATION(S) TO CANADA**

Have you or your family members previously made application, to Canada, for any of the following?

- |                |  |                            |  |
|----------------|--|----------------------------|--|
| Work permit    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Temporary resident visa    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Study permit   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Immigration to Canada      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Refugee status | <input type="checkbox"/> Yes <input type="checkbox"/> No | Provincial Nominee Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, provide details of applicant's name, category of application, current status and a photocopy of the record of decision. If an application was declined, state the reason and include a copy of the letter of refusal.

**PREVIOUS VISITS TO CANADA**

Are you staying in Canada, or have you previously stayed in Canada?  Yes  No If yes, indicate the reason (tourism, employment, studies, business, refugee claimant)

<i>Reason</i>	<i>Location</i>	<i>Dates</i>	<i>Reason</i>	<i>Location</i>	<i>Dates</i>

**RELATIVES LIVING IN NEW BRUNSWICK AND OTHER PROVINCES OR TERRITORIES OF CANADA**

Do you, your spouse/common-law partner or dependent children have relatives living in Canada as students, workers, temporary residents, permanent residents or Canadian citizens?  Yes  No If yes, complete the following:

<i>Name</i>	<i>Relationship</i>	<i>Status</i>	<i>Residential address (include postal code)</i>	<i>Time in Canada</i>

**EDUCATION IN NEW BRUNSWICK AND OTHER PROVINCES OR TERRITORIES OF CANADA**

Have you, your spouse/common-law partner or dependent children studied in Canada?  Yes  No If yes, complete the following:

<i>Family member</i>	<i>Institution and location</i>	<i>Dates</i>	<i>Certificate issued</i>

**EMPLOYMENT IN NEW BRUNSWICK AND OTHER PROVINCES OR TERRITORIES OF CANADA**

Have you, your spouse/common-law partner or dependent children worked in Canada?  Yes  No If yes, complete the following:

<i>Family member</i>	<i>Occupation</i>	<i>Business Name</i>	<i>Address</i>	<i>Start/End Date</i>

**IMMIGRATION REPRESENTATIVE**

**Failure to provide the correct information may result in the refusal of your application**

I have appointed a paid or unpaid representative to act on my behalf with respect to my application for permanent residence to Canada.  Yes  No If yes, complete the following:

**My paid representative is a member in good standing of the:**

- Immigration Consultants of Canada Regulatory Council (ICCRC)      Membership # \_\_\_\_\_
- Canadian provincial or territorial law society (Lawyer and Paralegal)
- Chambre des notaires du Québec (Notary)

\_\_\_\_\_  
Company name Representative

\_\_\_\_\_  
Current **business** address, including postal code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Email Website

**My unpaid representative is:** \_\_\_\_\_

\_\_\_\_\_  
Current **address**, including postal code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Email Relationship to Applicant

## DECLARATION OF APPLICANT

I declare that the information I have given in this application is truthful, complete and correct.

I understand all of the above information, having asked for and obtained an explanation on every point which was not clear to me.

---

Principal Applicant – Sign and Print Your Full Name

Date (dd/mm/yyyy)