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| **General information** |
| Provide your name as it appears on your immigration documents/passport. |
| First Name:  | Last Name:  | Date of Birth: Y/M/D |
|  |
| Current address:  | Postal Code:  |
| Email:  | Phone Number:  |
| **Education information** |
| Education Level:  | Years of Education:  |
| Is this your first Canadian Language Benchmarks Assessment (English test)? 🞎 YES 🞎 NO  |
| If no, when was your last test?  | What were your results? |
| Have you ever studied English?  | Where?  | How long did you study? |
| **Immigration Category & information** |
| 🞎 Permanent Resident 🞎 Citizen 🞎 Letter of Nomination 🞎 Refugee with a Notice of Decision🞎 International, Post-Secondary Graduate 🞎 Proof of Application and Work Permit 🞎AIP |
| Country of Origin:  | First Language: | Occupation: |
| **CHILDCARE INFORMATION** |
| Do you need childcare to attend classes? 🞎 YES 🞎 NO  | List children under age 6 below. |
| Full Name: | 1. | 2. | 3. |
| Date of Birth: | Y/M/D: | Y/M/D: | Y/M/D: |
| **SPECIAL NEEDS** |
| 🞎 Hearing Impairment 🞎 Visual Impairment 🞎 Intellectual Disability 🞎 Mobility Issues🞎 Other:  |
| **INTERPRETATION REQUIREMENTS** |
| Is Interpretation Required? 🞎 YES 🞎 NO  |  Language Required:  |

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| **Office Use Only** |
| IRCC consent? YES NO | Date: | Assessor(s): |
| Who referred client? | Form: 1 2 3 4 CLBLL Results: (LSRW) |
| Client received services from ISANS before? YES NO | Ref. Program: | Ref. Date: |
| IRCC clients: Type of LEC: | LEC Length:  | LEC Reason:  |
| Online Program: YES NO With Assistance  | LEC Date:  |
| NSOI clients: | Last type of education? |
| Notes: |