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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:  |
| Gender: **F M** | Email:  | Phone Number: |
| **Education information** |
| Highest Level of Education:  | Total 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 PR Application and Work Permit ❑AIPP |
| Country of Origin:  | First Language:  | Occupation:  |
| **CHILDCARE INFORMATION** |
| Do you need childcare to attend classes? ❑ YES ❑ NO  | List children under age 6 below. Gender: **F/M** |
| 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? |
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