|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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? | | | | |
|  | | | | | | | |