



Ralph Dzegniuk

BARRISTER & SOLICITOR

Immigration and refugee lawyer

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PRELIMINARY QUESTIONNAIRE APPLICANTS FOR PERMANENT RESIDENCE IN CANADA UNDER THE FEDERAL SKILLED WORKER CLASS

(for all applicants with post-secondary education and at least 1 year of work experience)

1. Family name: _____ Given name: _____

Date of birth: _____ (year) _____ (month) _____ (date)

2. Address

Street Name/Number: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

3. Telephone: _____ E-mail address: _____

4. Civil status: Single Engaged Married Divorced Widowed

5. Age of children, if any: _____

6. Have you, your spouse or your children ever had any serious medical problems? Yes No

7. Do you or your spouse have a criminal record or any outstanding charges? Yes No

8. Do you have relatives in Canada? Yes No

If yes, indicate relationship and province where they reside:

9. If you are currently in Canada, do you have a valid Study or Work permit? Yes No

If yes, how long have you had it? _____



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10. If you are in Canada already working pursuant to a Work Permit, was that Work Permit issued on the basis of a LMO?
 Yes No

11. If you are overseas, or if you are in Canada but not on a Study or Work Permit, can you obtain a job offer in your profession in Canada, on the basis of which LMO could be requested? Yes No

12. **EDUCATION**

Secondary Education

- How many years of elementary education did you complete? _____ year(s)

- How many years of secondary education did you complete? _____ year(s)

- Did you obtain a trade certificate? Yes No If yes, what profession: _____

Post-secondary Education (Bachelor's degree, Trade Certificate, etc.)

- College or university (name of institution): _____

- Speciality: _____

- Number of years: _____ year(s)

- Type of diploma or degree: _____

Second Diploma or post-graduate Education (Master's degree, Ph.D.)

- College or university (name of institution): _____

- Speciality: _____

- Number of years: _____ year(s)

- Type of diploma or degree: _____



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13. Please describe any kind of education or training that you have obtained in Canada, including the name of the institution, and the length of the program:

(i) Name of institution: _____

- Speciality: _____

- Length of program: _____

- Type of diploma or degree: _____

(ii) Name of institution: _____

- Speciality: _____

- Length of program: _____

- Type of diploma or degree: _____

(iii) Name of institution: _____

- Speciality: _____

- Length of program: _____

- Type of diploma or degree: _____



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16. LANGUAGE ABILITY

Please mark the appropriate column, based on the results of the most recent IELTS or CELPIP English exam or TEF French exam (the exam results must be no older than 2 years):

ENGLISH

- Speak Fluently Moderate Basic Not at all
- Understand Fluently Moderate Basic Not at all
- Read Fluently Moderate Basic Not at all
- Write Fluently Moderate Basic Not at all

FRENCH

- Speak Fluently Moderate Basic Not at all
- Understand Fluently Moderate Basic Not at all
- Read Fluently Moderate Basic Not at all
- Write Fluently Moderate Basic Not at all

II. INFORMATION ABOUT YOUR SPOUSE/PARTNER:

17. Family name: _____ Given name: _____

Date of birth: _____ (year) _____ (month) _____ (date)

18. EDUCATION

Secondary Education

- How many years of elementary education did you complete? _____ year(s)

- How many years of secondary education did you complete? _____ year(s)

- Did you obtain a trade certificate? Yes No If yes, what profession: _____

Post-secondary Education (Bachelor's degree, Trade Certificate, etc.)

- College or university (name of institution) _____

- Speciality _____

- Number of years: _____ year(s)

- Type of diploma or degree: _____



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Second Diploma or post-graduate Education (Master's degree, Ph.D.)

- College or university (name of institution) _____

- Speciality _____

- Number of years: _____ year(s)

- Type of diploma or degree: _____

19. Please describe any kind of education or training that your spouse has obtained in Canada: the name of the institution, and the length of the program:

(i) Name of institution: _____

- Speciality: _____

- Length of program: _____

- Type of diploma or degree: _____

(ii) Name of institution: _____

- Speciality: _____

- Length of program: _____

- Type of diploma or degree: _____

(iii) Name of institution: _____

- Speciality: _____

- Length of program: _____

- Type of diploma or degree: _____



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22. LANGUAGE ABILITY

Please mark the appropriate column, based on the results of the most recent IELTS or CELPIP English exam or TEF French exam (the exam results must be no older than 2 years):

ENGLISH

Speak	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all
Understand	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all
Read	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all
Write	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all

FRENCH

Speak	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all
Understand	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all
Read	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all
Write	<input type="checkbox"/> Fluently	<input type="checkbox"/> Moderate	<input type="checkbox"/> Basic	<input type="checkbox"/> Not at all

Submit

Clear Form