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## ASSESSMENT FORM – SKILLED & OTHER

1. Personal Infor	rmation:
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Name:			
Date of Birth (dd/mm/yy):			
Sex (Male/Female):	Country of Citizenship:		
Address:			
Email:			
Tel (with Country code):	NM		
Marital Status:			
No. of dependent children (Including stepchildren):			

## 2. Details of Education (Only Post Secondary):

Duration		<i>j)</i>		Turne of Contificate/Degrees/
From MM - YY	То ММ - ҮҮ	Name of Institution	City/Town and Country	Type of Certificate/Degree/ Diploma Issued (Mention Full Time or Part Time)

## 3. Employment History (During Last 10 years only) // Please attaché a CV/Resume

Dura From MM - YY	tion To MM - YY	Name of the Company, Location (City/Country)	Designation and Detailed Job Duties (Attach Resume/CV)
YOU	JR J	OURNEY,	OUR EXPERTISE



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## 4. Language Ability: (If you have IELTS or other language testing score, please provide a copy of the same)

ENGLISH: (High/Moderate/Basic/None)	FRENCH: (High/Moderate/Basic/None)
SPEAKING:	SPEAKING:
LISTENING:	LISTENING:
READING:	READING:
WRITING:	WRITING:

## 5. Spouse's Name:

## 6. Spouse date of birth:

#### 7. Spouse's Education: (Post Secondary studies only)

Dura From MM - YY	ation To MM - YY	Name of Institution	City/Town and Country	Type of Certificate/Degree/ Diploma Issued ** Please also mention Full Time or Part Time
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## 8. Spouse's Employment History:

Duration		Name of the Company,	Designation and Detailed Job Duties (Attach	
From MM - YY	To MM - YY	Location (City/Country)	Resume/CV)	
YOU	JR J	OURNEY,	DUR EXPERTISE	

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# 9. Spouse's Language Ability: (If you have IELTS or other language testing score, please provide a copy of the same)

ENGLISH: (High/Moderate/Basic/None)	FRENCH: (High/Moderate/Basic/None)
SPEAKING:	SPEAKING:
LISTENING:	LISTENING:
READING:	READING:
WRITING:	WRITING:

## **10. Relative in Canada: (Self or Spouse):**

Name of Relative: (with Legal Status in country):

Relationship:

Place of residence of relative (City/Province/Country):

#### 11. Study in Canada: (Self or Spouse)

Self or Spouse:

Duration of the course (MM/YY – MM/YY) & FT or PT:

Name of the country:

#### 12. Previously worked Full Time in Canada:

Self or Spouse:

Duration of the work (MM/YY - MM/YY) & FT or PT:

Name of the Employer & Country:

# YOUR JOURNEY, OUR EXPER

Please send the completed Assessment form to: <a href="https://www.kananimmigration@outlook.com">khannaimmigration@outlook.com</a>