



Newcomer Career & Support Services

Intake Form

Permanent Resident Card Number or UCI: _____ Date of Birth: ____/____/____
dd / mm / yyyy

First Name: _____ Middle Name: _____ Last Name: _____
Name as it appears on landing papers

Current Address: _____ City: _____ Postal Code: _____

Residing Since: ____/____/____ Home Phone: _____ Cell Phone: _____
dd/mm/yyyy

E-Mail Address: _____ Gender: Male Female

PR Category: Protected Person/Refugee Provincial Nominee Express Entry Family Class

Age group: 15-24 25-34 35-44 45-54 55+

Where are you from? _____ First Language: _____

Do you speak English? Yes No If Yes, do you have: TOEFL/IELTS _____ CLB Placement _____

Do you speak French? Yes No If Yes, do you have: TOEFL/IELTS _____ CLB Placement _____

Please check your highest level of education: No schooling Elementary school High school College
Bachelors Degree Master's degree Trade/Technical/Vocational Doctorate degree

What is your professional Background? Entry Level Management Business/Finance/Administration
Information Technology Sales/Retail Health Trade/Transport Engineering/Architect/Natural Science
Oil/Gas/Mining Social Services/Education/Government Art/Culture/Recreation/Sports
Process/Manufacturing/Utilities Self Employed/Entrepreneur

Are you currently enrolled in school? Yes No Are you taking any language classes? Yes No

Are you currently working? Yes No If Yes, Where? _____ FT PT

Are you volunteering anywhere? Yes No If Yes, Where? _____

What kind of job are you looking for? _____

Is a professional designation required for your desired job? Yes No Unsure

How did you hear about us? _____

OFFICE USE ONLY:

Intake Employee: _____

Date Received: _____

Date Entered iCare: _____

Did the client enroll in an employment class? Yes No

Was the client referred to an external agency? Yes No

Name of the agency: _____

Service type: _____