

Please print clearly.

LOCATION OF PROGRAM _____

APPLICANT START DATE _____

OFFICE USE ONLY

Overall language level (If known)

Date of assessment

Start date (dd / mm / yyyy)

Scores: Listening Speaking Reading Writing

PSE #: _____

 OCSM

 ICARE

OCSM #: _____

BASIC INFORMATION

First name _____

Middle name _____

Last name _____

Gender:

 Male

 Prefer not to disclose

 Female

 Other

Maiden or previous name _____

Date of birth (dd / mm / yyyy)

Social Insurance Number- *Great Plains College collects your SIN for the purpose of issuing tax receipts.*

Email By providing your email address, you are consenting to receive information electronically from Great Plains College.

Street address _____

City/Town _____

Postal code

Mailing address (if different from above) _____

City/Town _____

Postal code

Home phone

Cell phone (if different)

The following information is voluntary:

Marital Status: Married Single Common-law Divorced Widowed Separated

Number of children (under 12 years of age)

CITIZENSHIP - MANDATORY INFORMATION REQUIRED

Canadian citizen Permanent resident Temporary foreign worker Visitor permit Student permit Other: _____

Arrival date in Canada (dd / mm / yyyy)

Arrival date in Saskatchewan (dd / mm / yyyy)

Visa expiry date (mm / yyyy)

Country of birth: _____ Nationality: _____ Language: _____

Client ID number

or

Citizenship number

Did you come to Canada as a refugee? If yes, what year?

