

ENGLISH FOR NEWCOMERS

| 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: Malo Pefer not to | | | | |
| Male Male disclose Maiden or previous name Date of birth (dd / mm / yyyy) Female Other | | | | |
| | | | | |
| Social Insurance Number- Great Plains College collects your SIN for the purpose of issuing tax Email By providing your email address, you are consenting to receive information electronically from Great Plains College. | | | | |
| receipts. | | | | |
| Street address City/Town Postal code | | | | |
| | | | | |
| Mailing address (if different from above) City/Town Postal code | | | | |
| | | | | |
| 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 Permanent Temporary Visitor Student Other: resident foreign worker permit permit | | | | |
| Arrival date in Canada (dd / mm / yyyy) Arrival date in Saskatchewan (dd / mm / yyyy) Visa expiry date (mm / yyyy) | | | | |
| Country of birth: Nationality: Language: | | | | |
| or | | | | |
| Client ID number Citizenship number | | | | |
| Did you come to Canada as a refugee? If yes, what year? | | | | |

| OTHER INFORMATION | | | | |
|--|---|--|--|--|
| Number of years of schooling: Number of years studying/learning English: | | | | |
| Highest level of education: | entary High sch | ool diploma | Post-secondary | |
| Profession/job in home country: | | | | |
| Current profession/job: Name of employer in Canada: | | | | |
| DECLARATION OF PRIVACY (plea | se check the box to indi | cate your agreem | ent) | |
| In accordance with applicable laws, Great I operations and to provide services to you (accordance with its Privacy Policy (www.gr | Plains College collects, uses for example, to provide you w | and discloses your p | ersonal information to carry out its | |
| For more information about how we collect Great Plains College's Privacy Officer (by rprivacyofficer@greatplainscollege.ca). | | | | |
| I acknowledge that I have read Great Plains College's Privacy Policy and I consent to Great Plains College's collection, use and disclosure of my personal information, as outlined above. | | | | |
| DECLARATION OF CONSENT TO USE PERSONAL IMAGE AND INFORMATION | | | | |
| This form authorizes Great Plains College purposes related to the college. These ma radio and multimedia productions for Grea Personal information may include your test under the authority of the Regional College the residents of Saskatchewan. Your person of the Freedom of Information and Protectiplease phone the Communications Unit at Please do not use my personal in | y include, but are not limited to the Plains College. A personal in timonial, college program and es Act 1988, which mandates onal image and information where the provided in the Privacy Act. To request 1 (866) 296-2472 extension to the provided in the provided in the Privacy Act. | to, brochures, newsp mage may include phat location and year of the provision of adulall be used in a mannayour image and infor 5475. | aper and website advertising, television, notographs and audio or video recordings. If graduation. This activity is conducted advection programs and services to er consistent with the privacy provisions | |
| ACKNOWLEDGMENT (please che | ck the box to indicate yo | ur agreement) | | |
| I hereby certify that all the information provided is true and complete. I understand that false information may result in the cancellation of my admission or status as a registered student and/or scholarship/award recipient. I agree to abide by Great Plains College rules and regulations, including payment of fees. I have read and understand the college's declaration of "Privacy" and "Consent to use my personal image and information." | | | | |
| Print name | Signature | | Date (dd / mm / yyyy) | |
| | | | Date (dd / IIIII / yyyy) | |
| CONSENT FOR FUTURE RESEA By signing below, the client is agreeing to a regarding his/her settlement and language agreeing to this specific consent. | allow Immigration, Refugees a | | | |
| Applicant's signature (please sign in ink) Application Date (dd/mm/yyy) | | | | |
| EMERGENCY CONTACT | | | | |
| | | | | |
| Name F | Relationship | Phone number | - - | |