

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 _____

Last name _____

Preferred Name _____

Gender: Male Prefer not to 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 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) _____

CITIZENSHIP - MANDATORY INFORMATION REQUIRED

Canadian citizen

Permanent resident

Temporary foreign worker

Visitor permit

Student permit

Other: _____

PR Card Issued (dd / mm / yyyy)
(listed on back of card)

Arrival date in Saskatchewan (dd / mm / yyyy)

Visa expiry date (mm / yyyy)

Did you come to Canada as a refugee?

If yes, what year? _____

Country of birth: _____ Nationality: _____ Language: _____

Client ID number _____

or

Citizenship number _____

