

GENERAL INFORMATION

Provide your name as it appears on your immigration documents/passport.

First Name:	Last Name:	Date of Birth: Y/M/D
Current address:		Postal Code:
Email:	Phone Number:	

EDUCATION INFORMATION

Education level:	Years of Education:	
Is this your first Canadian Language Benchmarks Assessment (English test)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If no, when was your last test?	What were your results?	
Have you ever studied English?	Where?	How long did you study?

IMMIGRATION CATEGORY & INFORMATION

<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Citizen	<input type="checkbox"/> Letter of Nomination	<input type="checkbox"/> Refugee with a Notice of Decision
<input type="checkbox"/> International, Post-Secondary Graduate	<input type="checkbox"/> Proof of Application and Work Permit		
Country of Origin:	First Language:	Occupation:	

CHILDCARE INFORMATION

Do you need childcare to attend classes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>List children under age 6 below.</i>	
Full Name:	1.	2.	3.
Date of Birth:	Y/M/D:	Y/M/D:	Y/M/D:

SPECIAL NEEDS

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Mobility Issues
<input type="checkbox"/> Other:			

INTERPRETATION REQUIREMENTS

Is Interpretation Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Language Required:
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Office Use Only

IRCC consent?	YES	NO	Date:	Assessor(s):
Who referred client?	Form: 1 2 3 4 CLBLL			Results: (LSRW)
Client received services from ISANS before?	YES	NO	Ref. Program:	Ref. Date:
IRCC clients: Type of LEC:	LEC Length:		LEC Reason:	
Online Program:	YES	NO	With Assistance	LEC Date:
NSOI clients:	Last type of education?			

Notes: