

Foreign Credential Recognition (FCR) Loan Project

CLIENT REGISTRATION FORM

Client Number

For office use only

Personal Information

Please complete this form clearly. The information you provide will assist S.U.C.C.E.S.S. in determining your credential recognition, financial, employment and training needs. All information given will be kept **confidential**.

Social Insurance No. _____ - _____ - _____	Name _____		
	First name	Middle Name	Last/family name
Address _____	_____	_____	_____
Apartment/House No.	Street	City	Province Postal Code
E-mail address _____	Telephone Number (____) - _____		(____) - _____
	Home	Cell Phone	
Date of Birth ____ / ____ / ____ (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Country of Origin _____	When did you land in Canada? ____ / ____ / ____ (dd/mm/yyyy)		
Native Language _____	Are you a British Columbia resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your residential status?	What was your immigration category on arrival?		
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Skilled Worker	<input type="checkbox"/> Provincial Nominee	
<input type="checkbox"/> Permanent resident (landed immigrant)	<input type="checkbox"/> Canadian Experience Class	<input type="checkbox"/> Live-in Caregiver	
<input type="checkbox"/> Conventional Refugee	<input type="checkbox"/> Family Class	<input type="checkbox"/> Refugee	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Foreign Worker	
	<input type="checkbox"/> International Student	<input type="checkbox"/> Other _____	
What is your marital status?	Do you have any dependants? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Married or equivalent <input type="checkbox"/> Separated	If yes, please specify # of dependant(s)? ____ age(s) _____		
<input type="checkbox"/> Widowed or Divorced <input type="checkbox"/> Single			
Family Support & Commitment			
1. Is your spouse or other family member working now?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Job Nature (F/T, P/T) _____ Income \$ _____			
2. Do you have reliable childcare while you are job searching or at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, please specify your arrangement: _____			
Emergency Contact _____	Relationship _____	Phone Number _____	

EI Status	EI Status (within the last 3 years or Maternity EI within the last 5 years) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: ____ / ____ / ____ (dd/mm/yyyy) & End Date: ____ / ____ / ____ (dd/mm/yyyy)
Other Training Assistance	If yes, have you attended any EI funded training? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: ____ / ____ / ____ (dd/mm/yyyy) & End Date: ____ / ____ / ____ (dd/mm/yyyy)
	Please Specify: _____
Case Management	Have you been sponsored or applied for Training Assistance before? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Eg. training, living allowance student loan, etc.
	If Yes, when? ____ / ____ / ____ (dd/mm/yyyy) Where? _____ Course Title: _____ Sponsor: _____
Skills Connect Program	Do/Did you have a Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ESC Centre _____ Program Completed: <input type="checkbox"/> Career Exploration <input type="checkbox"/> Job Search Program <input type="checkbox"/> Others _____
Skills Connect Program	Have you joined the Skills Connect Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, when? ____ / ____ / ____ (dd/mm/yyyy) Where? _____
	Program Completed: <input type="checkbox"/> Job Search Workshop <input type="checkbox"/> Mentoring Program <input type="checkbox"/> Others _____

Other Government Assistance	Have you been sponsored or applied for any other? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Government Assistance before? (e.g. Income Assistance) If Yes, when? ____ / ____ / ____ (dd/mm/yyyy) Where? _____

Education & Professional Experience (Local and Overseas)

* Please attached a copy of your resume, if applicable.

What is your highest level of education?

<input type="checkbox"/> High school graduation	Place of graduation _____	Completion Year _____
<input type="checkbox"/> Trade school or apprenticeship training	_____	_____
<input type="checkbox"/> College (major in _____)	_____	_____
<input type="checkbox"/> University: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate (major in _____)	_____	_____
<input type="checkbox"/> Other (major in _____)	_____	_____

Other education and/or training?

<input type="checkbox"/> Other training _____	Place of graduation _____	Duration (mm/yyyy to mm/yyyy) _____
<input type="checkbox"/> Licenses/trade certificates _____		
<input type="checkbox"/> Union and/or membership of a professional association _____		

What types of professional jobs are you looking for when you arrived in Canada?

<i>Types of job</i>	<i>License/Certificate Required (Yes/No/N/A)</i>	<i>Did you know prior to moving to Canada? (Yes/No/N/A)</i>
1) _____	_____	_____
2) _____	_____	_____

Are you currently looking for the same professional jobs? Yes No

If no, what types of professional jobs are you looking for?

<i>Types of job</i>	<i>License/Certificate Required (Yes/No/N/A)</i>	<i>Did you know prior to moving to Canada? (Yes/No/N/A)</i>
1) _____	_____	_____
2) _____	_____	_____

Work Experience in Home Country

1. In what profession or trade were you employed in your home country? For how many years?

_____ years

_____ years

Local Work Experience

List your work experience (including volunteer work) since you arrived in **Canada** (Start with the most recent job)

From (mm/yy)	To (mm/yy)	Job title	Job Description	Wage (\$/hr) or Monthly salary before tax	Average hours worked per week

2. Are you working now? Yes No

If yes, what is your employment status? Full Time Part Time Casual/On call Self-employed

Job Position: _____

If yes, what is your current salary? \$ ____ / ____ (hour/month/annual)

If no, have you tried to look for a job in Canada?

Yes No

Job Search Results: _____

Computer Skills

3. General Skills: Word Excel PowerPoint Access Internet Browser _____
Accounting: Simply Accounting QuickBooks ACCPAC _____
Engineering AutoCAD Revit _____
Information Technology (Please Specify): _____
Other (Please Specify): _____

English Proficiency

4. ESL Level _____ English Foundation/ Grade _____ Toastmaster Others _____

Self Assessment and Career Planning

Goal Setting:

1. What are your short-term and long-term career goals in Canada?
Short-term career goal(s): _____
Long-term career goal(s): _____
2. What training and skills do you need in order to achieve your short-term and long-term career goals?

3. What is your intended job position after completing the Foreign Credential Recognition Process?

4. What is your expected salary after FCR? \$ _____ / _____ (hour/month/annual)

Industry Information

5. Are you aware of the requirements of your targeted job? Yes No
6. Have you researched the current local labour market information? Yes No

Self Assessment

7. What steps have you taken in your search for a professional job?

8. What do you think is your major barrier to your professional job search?

9. Other concerns? _____

Source of Information

How did you hear about our program?

- Service Canada / TV _____ / Radio _____ / Ministry of Social Development /
 Newspapers/Magazines _____ / Friends/relatives / S.U.C.C.E.S.S. Airport Reception Office /
 S.U.C.C.E.S.S. staff _____ / Library _____ / Skills Connect _____ / Other _____