

**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**.

<b>Social Insurance No.</b> _____ - _____ - _____	<b>Name</b> _____		
	First name	Middle Name	Last/family name
<b>Address</b> _____			
Apartment/House No.	Street	City	Province
Postal Code _____			
<b>E-mail address</b> _____	<b>Telephone Number</b> (____) - _____		(____) - _____
	Home	Cell Phone	
<b>Date of Birth</b> ____ / ____ / ____ (dd/mm/yyyy)	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Country of Origin</b> _____	<b>When did you land in Canada?</b> ____ / ____ / ____ (dd/mm/yyyy)		
<b>Native Language</b> _____	<b>Are you a British Columbia resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>What is your residential status?</b>	<b>What was your immigration category on arrival?</b>		
<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 _____	
<b>What is your marital status?</b>	<b>Do you have any dependants?</b> <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			
<b>Family Support &amp; Commitment</b>			
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: _____			
<b>Emergency Contact</b> _____	<b>Relationship</b> _____	<b>Phone Number</b> _____	

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

<b>Other Government Assistance</b>	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 \_\_\_\_\_