



APPLICATION

- Skilled Worker
- Entrepreneur Partner
- International Graduate

(Please tick the category to which you are applying)

The information collected in this application will be used to assist in evaluating your suitability for the Newfoundland and Labrador Provincial Nominee Program (NLPNP) and to research, monitor and evaluate the Program. The personal information that is provided in your application forms and supporting material is collected, used, retained, and disclosed in accordance with the Newfoundland and Labrador Access to Information and Protection of Privacy Act (ATIPPA) and other provincial legislation. The information will also be used for purposes of research, monitoring and evaluation of the Immigration and Refugee Protection Act and Regulations and other relevant Federal legislation. If you have any questions about the collection, use, retention, and disclosure of this information, please contact the Newfoundland and Labrador Provincial Office of Immigration and Multiculturalism.

To help you in the completion of this form, please refer to the NLPNP Application Guide for the category to which you are applying. Please ensure that all forms and supporting documentation requested in the Application Guide are included with your application. Incomplete applications will not be processed.

1. PRINCIPAL APPLICANT - FAMILY INFORMATION

A. Principal Applicant:

Family Name (Surname)	Given Names(s)	Sex (m/f)	Date of Birth (dd/mm/yy)
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B. Spouse/Common-Law Partner: (If applicable)

Family Name (Surname)	Given Names(s)	Sex (m/f)	Date of Birth (dd/mm/yy)
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C. Dependents/Children: (If applicable - Use separate page if necessary)

Family Name (Surname)	Given Names(s)	Sex (m/f)	Date of Birth (dd/mm/yy)
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2. PRINCIPAL APPLICANT - CONTACT INFORMATION

A. Home Country Address:

Street/P.O. Box	City/Town	Province/Region	Country	Postal Code
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B. Current Mailing Address: (If different from above OR your address if you are already in Canada)

Street/P.O. Box	City/Town	Province/Region	Country	Postal Code
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C. Contact Information: (Telephone etc.)

Home	Office	Cell	Fax	Email
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3. CITIZENSHIP AND STATUS

A. Country of Citizenship:	Nationality:					
Passport Details: Do you hold dual Citizenship? If "Yes" provide details:	Passport Number Country of Issue Expiry Date (dd/mm/yy)					
Are you currently in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please indicate your reason for being here:	Visitor <input type="checkbox"/> Working <input type="checkbox"/> Studying <input type="checkbox"/> Business <input type="checkbox"/> Claiming Refugee Status <input type="checkbox"/> Other <input type="checkbox"/>					
B. Do you, or any of your family members accompanying you to Canada, have a criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please explain: (Use separate page if necessary)						
C. Have you or any of your family members accompanying you to Canada ever previously applied for: (1) Permanent Resident Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide details: <table border="0" style="width:100%"> <tr> <td style="width:25%">Canadian Embassy (City/Country)</td> <td style="width:25%">ID/File Number</td> <td style="width:25%">Date Application Submitted</td> <td style="width:25%">Federal Application Category</td> </tr> </table>		Canadian Embassy (City/Country)	ID/File Number	Date Application Submitted	Federal Application Category	
Canadian Embassy (City/Country)	ID/File Number	Date Application Submitted	Federal Application Category			
(2) Temporary Resident (Visitor) Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide details: <table border="0" style="width:100%"> <tr> <td style="width:25%">Canadian Embassy (City/Country)</td> <td style="width:25%">ID/File Number</td> <td style="width:25%">Date Application Submitted</td> <td style="width:25%">Federal Application Category</td> </tr> </table>		Canadian Embassy (City/Country)	ID/File Number	Date Application Submitted	Federal Application Category	
Canadian Embassy (City/Country)	ID/File Number	Date Application Submitted	Federal Application Category			
(3) Applied to another Provincial Nominee Program? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide details: <table border="0" style="width:100%"> <tr> <td style="width:15%">Province</td> <td style="width:20%">Date of Application</td> <td style="width:15%">Category</td> <td style="width:20%">Status of your Application</td> <td style="width:30%">If Refused, provide reason(s):</td> </tr> </table>		Province	Date of Application	Category	Status of your Application	If Refused, provide reason(s):
Province	Date of Application	Category	Status of your Application	If Refused, provide reason(s):		
D. Have you, or any of your family members accompanying you to Canada, ever previously been refused admission to, or ordered to leave Canada or any other country? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide details and state reason(s):						
E. Have you, or any of your family members accompanying you to Canada, ever previously sought Refugee Status in Canada or any other country? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", provide details and state the current status of the application:						

4. EDUCATION

A. Were you educated in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", complete the following:					
Name of Institution	City	Course of Study	From (mm/yy)	To (mm/yy)	
B. Are any members of your family currently receiving education in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", complete the following:					
Name of Family Member	Name of Institution	City	Course of Study	From (mm/yy)	To (mm/yy)
C. What is your education level? Indicate your total years of study at each level:		Primary <input type="checkbox"/> Post-Secondary <input type="checkbox"/>	Secondary <input type="checkbox"/> University <input type="checkbox"/>	Elementary/High School: College/University: Trade School/Apprenticeship: Type of Degree/Diploma:	
D. What is your spouse's education level?		Primary <input type="checkbox"/> Post-Secondary <input type="checkbox"/>	Secondary <input type="checkbox"/> University <input type="checkbox"/>		

5. SETTLEMENT/DESTINATION

In which city, town or region of Newfoundland and Labrador do you intend to settle?	
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6. SETTLEMENT FUNDS

Complete the Declaration of Personal Net Worth form and include with this Application.
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7. RELATIVES IN NEWFOUNDLAND AND LABRADOR AND/OR OTHER PROVINCES/TERRITORIES OF CANADA

Does the principal applicant or spouse have relatives living in Newfoundland and Labrador? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does the principal applicant or spouse have relatives living in other Provinces/Territories of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", you may be required to provide evidence of your relationship to them by submitting Birth or Marriage Certificates (which shows the names of common parents) and/or photocopies of Canadian Passports, Citizenship Certificates or Immigration Visas (IMM1000) of your relative(s) in Newfoundland and Labrador.			
Name of Relative	Relationship	Complete Address and Telephone Number	Length of time in Canada

8. COMMUNITY INITIATIVE

Please provide information with respect to sponsorship provided to the applicant by a specific community, cultural group or regional economic development board in Newfoundland and Labrador. Similar information relative to a community/corporate sponsorship offered to the applicant or spouse is also required.

Name of community/Regional Representative

Complete Address and Telephone Number

9. WORK EXPERIENCE OR BUSINESS MANAGEMENT

(Please provide details of the previous five (5) years. (Use a separate page if necessary))

From (mm/yy)	To (mm/yy)	Company Name/ Type of Business	City/Country	Position(s) Held

10. GUARANTEED EMPLOYMENT

<p>Has the Principal Applicant been offered a FULL-TIME PERMANENT JOB in Newfoundland and Labrador? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", complete this section and include the Employment Offer form with this application.</p>	<p>Has the Spouse/Common-Law Partner been offered a FULL-TIME PERMANENT JOB in Newfoundland and Labrador? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", complete this section and include the Employment Offer form with this application.</p>
Employer/Company Name:	Employer/Company Name:
Name of Supervisor/Personnel Officer:	Name of Supervisor/Personnel Officer:
Telephone Number: Fax Number: Email:	Telephone Number: Fax Number: Email:
Employer Address: (Street/P.O. Box/Town/Postal Code)	Employer Address: (Street/P.O. Box/Town/Postal Code)

Start/Intended Start Date of Employment: (dd/mm/yy)	Start/Intended Start Date of Employment: (dd/mm/yy)
<p>Are you currently working in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a valid Work Permit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide:</p> <p>Work Permit Number Client ID</p> <p>Date of Issue Expiry Date</p> <p>If "No", have you been refused a Work Permit or received a negative Labour Market Opinion from HRSDC? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide details:</p>	<p>Are you currently working in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have a valid Work Permit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide:</p> <p>Work Permit number Client ID</p> <p>Date of Issue Expiry Date</p> <p>If "No", have you been refused a Work Permit or received a negative Labour Market Opinion from HRSDC? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", provide details:</p>
<p>Are you related to your Newfoundland and Labrador employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", give details:</p>	<p>Are you related to your Newfoundland and Labrador employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", give details:</p>

11. PROPOSED BUSINESS OR PARTNERSHIP

(To be completed if applying under the *Entrepreneur or Partner Category*)

A. Name and start date of proposed or existing business or partnership:		
Company Name	Start/Proposed Start Date	
B. Type of business or partnership:		
C. Location of business or partnership:		
Street Address	City/Town	Telephone
D. Applicant's intended role within the Company; provide detailed explanation:		
E. Funds/capital to be invested: (to be stated in Canadian Dollars)		

F. If your business activity in Newfoundland and Labrador will not be a Sole Proprietorship, please indicate your percentage of ownership and the share of ownership of the remaining partners. Identify all potential partners.

Name of Partner	Date of Birth (dd/mm/yy)	Percentage (%) Ownership

G. If this is an existing business, provide Gross Revenue for the past three (3) years:
(Submit documentation to support these figures)

Year 1 (State in Canadian Dollars)	Year 2 (State in Canadian Dollars)	Year 3 (State in Canadian Dollars)

H. Complete the Declaration of Business Net Worth form and include it with this Application.

12. IMMIGRATION REPRESENTATIVE

Are you using an immigration representative, volunteer, or other, to complete this application? Yes No

If "Yes", please indicate which of these applies:

- a member of the Canadian Society of Immigration Consultants
- a member in good standing of a Canadian provincial or territorial law society
- a member of the Chambre des Notaries du Quebec
- a person who has volunteered their assistance
- other - please specify

Note: Immigration representatives are required to submit certification of their qualification (e.g. CSIC Membership Number).

Please provide the following information on the Representative:

Family Name (Surname)	Given Name(s)	Company Name/Organization		
Street/P.O. Box	City/Town	Province/Region	Postal Code	Country
Telephone	Fax	Email		
Membership Organization		Membership Number		

