

**True Vine Assessment Tool**

*Instructions: Please complete this form. NOTES: Do not write in coloured areas; add lines, as necessary; write N/A if a question is not applicable to you.*

**Personal Information**

|  |  |  |
| --- | --- | --- |
| First Name (given name) | Middle Name(s) | Last Name (surname) |
|  |  |  |
| Date of Birth (day/month/year) | Sex (Male/Female) | Country of Birth |
|  |  |  |
| Country of Residence | Passport Number | Country of Issue |
|  |  |  |
| Date of Issue (day/month/year) | Date of Expiry (day/month/year) | Current Address (Street, City, Province/State, Postal Code, Country) |
|  |  |  |
| Cellphone | Home Phone | Email Address |
|  |  |  |
| Marital Status | If you are married, what is the date you were married? (day/month/year) | If you are in a common law relationship, what was the date you started living together? (day/month/year) |
|  |  |  |
| Do you have children? (Y/N) | How many children do you have? | If you have children, include their ages below |
|  |  |  |
| Indicate whether you have: worked in/studied in/visited/never been to Canada | Have you ever had a work or study permit to Canada? (Y/N) | If you lived in Canada before what were the dates? (day/month/year) |
|  |  |  |
| List the total amounts of funds that are legal and transferrable (Do not include equity in real estate) | Do you or your partner have close family member who are permanent residents or citizens of Canada and live in Canada now? (Y/N) | If you answered yes to the question to the left, please state the relationship of the family member to you/your partner and the name of the city in Canada in which he/she resides. |
|  |  |  |

**English Language Test** *– If you have taken an IELTS or CELPIP English language test, please complete the following:*

|  |  |  |
| --- | --- | --- |
| IELTS or CELPIP? | Ability Category | Results |
|  | Reading |  |
| Date of Test (day/month/year) | Writing |  |
|  | Speaking |  |
| General or Academic? | Listening |  |

**Education**

*Provide the following information for your high school and ALL schools attended thereafter, whether completed or not. (Add lines, as necessary.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | From: (year/month) | | To: (year/month) | Name of School | City / Country | Type of Certificate or Diploma Issued | Area of Study—if not specific, write “General” |
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|  |  |  |  |  |  |
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**Employment History**

*Please provide your employment history for the past ten (10) years—beginning with current—and include part-time positions. (Add lines, as necessary.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | From: (year/month) | | To: (year/month) | Job Title | City or Town and Country | Name of Company, Employer, School, etc. | Street Address of CANADIAN Employers ONLY |
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**Travel**

*Please list all international travel in the last ten (10) years.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | City and Country | | Purpose of Trip | From (year/month) | To (year/month) | Visa Issued (Y/N) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Additional Questions**

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | | *Read the following carefully and answer truthfully. Have you or your spouse/partner or dependents ever:* | | No | Yes (Provide a detailed explanation in the space below) |
| Been convicted of, or currently subject to any criminal proceeding in any country? |  |  |
| Previously sought refugee status in Canada or applied for Canadian immigrant or permanent resident visa OR any other type of visa (e.g., temporary resident or visitor)? |  |  |
| Been refused admission to or ordered to leave Canada OR any other country? |  |  |
| Been involved in an act of genocide, a war crime, a crime against humanity, or the desecration of religious property? |  |  |
| Used, use or plan to use violence as an end to achieve political, social or religious objectives? |  |  |
| Been a member of a group that is or was involved with organized crime? |  |  |
| Had any serious diseases or physical or mental disorders? |  |  |

Is there any other information that you feel is important to share as part of your preliminary assessment?

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