



Parsa Canada-Immigration & Investment Consulting Services

Assessment and Consultation for Permanent Residence in Canada

If you provide us with complete and accurate information our associate law office in Toronto, Canada can determine your chances of obtaining Permanent Residence (PR) in Canada.

Although immigrating to a new country is complex and complicated our associate law office in Toronto, Canada can provide you with reliable and accurate advice and representation to help you understand an navigate the rules, regulations, polices and procedures. We ensure all your matters are handled properly and professionally.

Eligibility for permanent residence depends on many factors. Please fill out the attached form for an assessment and send it to us along with a resume so we can assess your chances of qualifying for PR. We will provide you with our professional opinion regarding your best options for applying for PR.

IMMIGRATION QUESTIONNAIRE							
1. Family name:	Given name:	Date of birth: M	ale □ Female□				
Place of Birth (city/town, co	untry):						
2. Current Address:							
3. Telephone:	E-mail	address:					
4. Civil status: Single [] Engaged [] Married [] Divorced [] Widowed []							
5. Passport and National ID	(if applicable)						
Type of Identification		Date of Issue (YY/MM/DD)	Expiry Date (YY/MM/DD)				
6. Have you applied to CIC for any immigration matter before? Yes No							
If yes, select any of the categories below:							
Visitor Visa Study Permit Work Permit Permanent Residence							
UCI No. (if known):							

7. Have you received a Provincial Nomination? Yes No
If yes, answer the questions below:
Province: Nomination date:
8. Age of children, if any:
9. Have you, your spouse or your children ever had any medical problems? No [] Yes []
10. Have you, your spouse or your children ever been arrested or charged for an offence of any kind, anywhere in the world? No [] Yes []
11. Do you have relatives in Canada? If yes, indicate relationship, status in Canada and province where they reside
12. EDUCATION:
Secondary Education: How many years of elementary and secondary education did you complete?
Did you obtain a trade certificate? If yes, what type and which school:
In what year did you graduate?
Post-secondary Education (include any Bachelor's, Master's or Ph.D.):
College or university (name of institution):
Number of years of study: City/Country:
Study Period: from (mm/yy) to (mm/yy)
Did you graduate? Yes No In what year was your graduation?
Type of diploma or degree: Name of program:
Full-time or part-time studies:
College or university (name of institution):
Number of years of study: City/Country:
Study Period: from (mm/yy) to (mm/yy)
Did you graduate? Yes No In what year was your graduation?
Type of diploma or degree: Name of program:
Full-time or part-time studies:
College or university (name of institution):
Number of years of study: City/Country:

Study Period: from (mm/yy)	to (mm/yy)
Did you graduate? Yes No	In what year was your graduation?
Type of diploma or degree:	Name of program:
Full-time or part-time studies:	
13. WORK EXPERIENCE OVER TH	HE LAST 10 YEARS (include paid employment only):
From (yy-mm) To (yy-mm)	City/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
n canadian employer please pro	ovide full address:
MAIN DUTIES (describe the daily	y tasks that you regularly performed):
From (yy-mm) To (yy-mm)	City/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please pro	ovide full address:
MAIN DUTIES (describe the daily	y tasks that you regularly performed):
rom (yy-mm) Io (yy-mm)	City/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
JUD TILIE.	

If Canadian employer please provide full address:						
MAIN DUTIES (describe the daily tasks that you regularly performed):						
From (yy-mm) To (yy-mm) City/Town, Country:						
Name of Employer: Hours per week:						
Job Title:						
If Canadian employer please provide full address:						
MAIN DUTIES (describe the daily tasks that you regularly performed):						
From (yy-mm) To (yy-mm) City/Town, Country:						
Name of Employer: Hours per week:						
Job Title:						
If Canadian employer please provide full address:						
MAIN DUTIES (describe the daily tasks that you regularly performed):						
, 						

In the last five years, do you have at least two years of experience in one of these types of jobs (skilled trades)?

Types of Job						Full Time / Part Time		
Industrial, electrical and construction trades								
Maintenance and equipment operation trades								
Supervisors and	technic	al jobs ir	n natur	ral	resourc	es,		
agriculture and related production								
Processing, manufacturing and utilities supervisors and								
central control operators								
Chefs and cooks								
Butchers and ba	kers							
15. LANGUAGE								
ENGLISH:	Flue	ently	Mo	ode	erate	Ba	ısic	Not at all
Speak								
Understand								
Read								
Write	n a Engl	ich ovan	n ploa		fill tha i	nformat	ion roa	uested below
If you have take Date Taken:	ii a ciigi	isii exaii					•	uested below
Reference No.								
Scores per Ability:								
Speaking:						Listen	ing	
Reading:						Writi	ng:	
FRENCH:	Flu	uently	N	/100	derate	В	asic	Not at all
Speak								
Understand Read								
Write								
If you have taken the TEF, please fill the information requested below								
Date Taken:								
Tata randini								
Scores per Ability:								
Expression orale: Compréhension orale :								
Compréhension	écrit:		Ex	крі	ression	écrite:		
16. INFORMATION ABOUT YOUR SPOUSE: Male Female Family name: Date of birth:								

Years of Experience

Expiry Date (YY/MM/DD)							
No							
esidence							
C310C11CE							
status in Canada							
Secondary Education: How many years of elementary and secondary education did your spouse complete?							
l:							

College or university (name of institution):
	City/Country:
Study Period: from (mm/yy)	to (mm/yy)
Did you graduate? Yes No In wha	at year was your graduation?
Type of diploma or degree:	Name of program:
Full-time or part-time studies:	
College or university (name of institution):
Number of years of study:	City/Country:
Study Period: from (mm/yy)	to (mm/yy)
Did you graduate? Yes No In wha	at year was your graduation?
Type of diploma or degree:	Name of program:
Full-time or part-time studies:	
SPOUSE'S WORK EXPERIENCE OVER THE	LAST 10 YEARS (include paid employment only)
From (yy-mm) To (yy-mm) Ci	ty/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please provide full	address:
MAIN DUTIES (describe the daily tasks re	gularly performed):
From (yy-mm) To (yy-mm) Ci	ty/Town, Country:
Name of Employer:	Hours per week:
Job Title:	
If Canadian employer please provide full	address:
MAIN DUTIES (describe the daily tasks re	gularly performed):

						
From (vv-mm)	To (yy-mm)	C	itv/Tow	n. Country:		
Name of Employ	yer:			Hours pe	r week:	
Job Title:						
If Canadian emp	loyer please pro	ovide full	laddress	S:		
MAIN DUTIES (d	lescribe the daily	v tasks re	egularly	nerformed):		
201123 (0	essine the daily	, 1001010	-04.411	· · · · · · · · · · · · · · · · · ·		
SPOUSE'S LANG	UAGE ABILITY -	Please n	mark the	appropriate co	lumn:	
ENGLISH:	Fluently	Mode	Moderate Basic Not at a			
Speak						
Understand						
Read						
Write						
Data Takanı		Type of	f Tost /IE	TITE /CELDID).		
Date Taken: Reference	Type of Test (IELTS /CELPIP):					
No.						
Scores per Abilit						
Speaking:	1			Listening		
Reading:			Writing:			
<u> </u>			I.	<u> </u>		
FRENCH:	Fluently	Мо	derate	Basic	Not at all	
Speak						
Understand						
Read						
Write						
If you have take	n the TEF, please	e fill the	informa	tion requested	below	
Date Taken:			erence N	•		

Scores per Ability:		
Expression orale:	Compréhension orale :	
Compréhension écrit:	Expression écrite:	
17. FUNDS AVAILABLE TO GE	T ESTABLISHED IN CANADA	
What is the total dollar value	(in Canadian dollars) of all of you	r and your spouse's assets?
18. IN WHICH OF THE FOLLOV PREPARED TO LIVE? (MARK W	WING PROVINCES AND TERRITOR	IES WOULD YOU BE
All provinces and territories _		
Nova Scotia New Bruns	ia Alberta Manitoba wick Newfoundland and Lab orthwest Territories Yukon _	rador
19. HOW DID YOU FIND ABO	UT OUR SERVICES?	
20. INFORMATION ABOUT Y	OUR CHILDREN	
Do you or your spouse have a	any children? Yes No	
Please list your children in th	e following table	

Name and Gender (M/F)	Birth Date (YY/MM/DD)	Identification Number - include both Passport and National ID (if applicable)	Date of Issue	Expiry Date (YY/MM/DD)	Single/Married /Other	to Canada (Y/N)

21. Do you have any siblings (Brothers and Sisters) in Canada and if yes, where do they live?