

AXIS

Registration Form

Association for New Canadians
10 Smithville Crescent, St. John's, NL A1C 2V2
Tel: (709) 579-1780 Fax: (709) 579-1894 Email: axis@nfld.net

PERSONAL DATA (please print clearly)

Date of Arrival in Newfoundland: (mm/dd/yyyy) _____

**If you arrived in Canada before coming to NL,
where did you first live?** _____ **Date:** (mm/dd/yyyy) _____

Name:

Last

First

Middle

Preferred name: (if any) _____

Address:

No. Street

City

Province

Postal Code

Telephone #: _____ **Alternate Contact #:** _____

E-mail address: (print clearly) _____

Date of Birth: (mm/dd/yyyy) _____

Social Insurance Number: _____ **MCP Number:** _____

Country of Origin: _____ **Language(s) Spoken:** _____

Preferred Language: _____

What is your status? Canadian Citizen Refugee Claimant Permanent Resident

International student PNP Applicant Temporary Foreign Worker Visitor

If you are an international student, do you have a Work Permit? Yes No

If yes, which kind; on-campus off campus open ended post graduate restricted

Are you currently receiving Financial Support? : Yes No

If yes, from which source? Income support (HRLE) Service Canada (HRDC)
Immigration (CIC) Other _____

What is your Marital Status? Single Divorced Married Common Law
Separated Single Parent

Do you have any children? Yes No If yes, how many? _____
Year child(ren) born: _____

Please complete other side

EDUCATION

Are you currently attending Language School? Yes No

If yes, please indicate your teacher's name and Benchmark level of your class:

Teacher's name: _____ Benchmark Level of your class: _____

Did you complete High School? Yes No What Year did you finish? _____

Have you attended a community or technical college, university, etc.? Yes No

If yes, please provide detailed information below.

1. _____

School name/Country

Program/Course

Year Course started: _____ Was this a certificate, diploma or degree program: _____

Did you graduate? _____ If yes, year of graduation _____

2. _____

School name/Country

Program/Course

Year Course Started: _____ Was this a certificate, diploma or degree program: _____

Did you graduate? _____ If yes, year of graduation _____

EMPLOYMENT EXPERIENCE

Are you currently working? Yes No If yes, where? _____ and

what is your job title? _____

Full or part time? _____ When did you start? _____

Do you have any restrictions when finding employment? If so, please explain

Please list your work experience beginning with your present or most recent job:

Employer _____ Position _____ How long did you work there? _____

Employer _____ Position _____ How long did you work there? _____

Employer _____ Position _____ How long did you work there? _____

Signature _____



Date _____

Acquiring experience; integrating skills.