

Initial Consultation Form Instructions

Thank you for choosing Canada Platform, we are sending you this form to get to know you better before our initial consultation

Here are important information for you in how to use these forms:

- 1 You can proceed to fill out the forms using Abode Reader, save them in your computer at the end or if you prefer, you can print the forms instead and fill them out by hand
- 2 This form contains three sections, please fill out all of them
- 3 Send back your saved forms or scanned forms to info@platformtocanada.ca at least two business days prior your consultation
- 4 We recommend you discretion in handling these forms as it contain personal information

Notices:

The RCIC is required to preserve the client confidences and secrets. This professional obligation exists to encourage candid and complete communications between clients and RCICs.

The information provided to the RCIC in the Initial Consultation Form and during the consultation will not be divulged to any third party, other than RCIC's agents and employees, without prior consent, except as demanded by law.

The RCIC, and all agents and employees of the RCIC, are also bound by the confidentiality requirements of Article 8 of the Code of Professional Ethics.

The Client has agreed to the use of electronic communication, electronic signatures and electronic storage of confidential information. The RCIC will use her best efforts to maintain a high degree of security for electronic communication and information storage.

Canada Platform - Immigration and Citizenship Inc. shall not be held responsible for personal information disclosed in this form, if the Client willingly or accidentally shares this file or forms with persons others than employees of Canada Platform - Immigration and Citizenship Inc.

Initial Consultation Form - Section I

Given name as shown in passport _____

Family name as shown in passport _____

Current address _____

Telephone number _____

Cellphone number _____

E-mail address _____

Date of Birth (YYYY-MM-DD) _____

Country of birth _____

Do you have additional citizenships? yes no

If yes, please list the countries _____

Please name all countries you have lived in for more than 6 months since the age of 18 _____

Briefly explain the main topic of your initial consultation:

How did you hear from us?

Please tell us about your family composition

What is current marital status? single married common-law widowed legally separated divorced other specify: _____

Provide the applicable:

Date of marriage (YYYY-MM-DD) _____

Date of effective separation (YYYY-MM-DD) _____

Initial date of common-law (YYYY-MM-DD) _____
this initial date is the date you two started to live together

Date of divorce (YYYY-MM-DD) _____

Is your spouse or common-law partner coming to Canada with you? yes no

If not, please explain the reasons why he/she is not travelling with you _____

Do you have any children? yes no

How many children do you have? _____

Please list the ages of your children: _____

Do you or partner have any close family members who are permanent residents or citizens of Canada living in Canada? yes no

If yes, please state the relationship of the family member to you and name the city in Canada where they live _____

Please tell us about the funds available for your immigration goals

These funds must be legal and transferrable (not including real state)

If these funds were earned from sources other than salaries or business profits, please explain: _____

Examples of funds earned from sources other than salaries are: inheritances, real state sales, trusts accounts

What is the range of CAD funds available that you have? (select one option)

Less than \$13,000

Between \$13,000 and \$ 25,000

More than \$25,000

Please tell us about your records in Canada

Have you ever been in Canada? yes no

If yes, what was the most recent time you have been in Canada?

From (YYYY-MM)	To (YYYY-MM)

What did you do during this period? Visit Study Work

Have you visited Canada more than once? yes no

If yes, please list the period of times where you have been in Canada

From (YYYY-MM)	To (YYYY-MM)	From (YYYY-MM)	To (YYYY-MM)

Have you applied for any of the following travel documents or visas in Canada?, select all that apply

		if yes, was it approved?	yes	no	if yes, when was it approved?	(YYYY-MM)
eTA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Visitor Visa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Study Permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Work Permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
Permanent Residency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____

Initial Consultation Form - Section II

Client name: _____

Please tell us more about yourself:

Have you taken an IELTS or CELPIP? yes no

If yes, please complete the following:

Date of test (YYYY-MM-DD) _____

IELTS or CELPIP? _____

General or Academic? _____

Ability	Results
Reading	
Writing	

Ability	Results
Speaking	
Listening	

If no, please let us know:

Your level of English: _____

If you have taken other English tests and its results:

Do you know French? yes no

If yes, tell us at what level:

Education History

Please tell us about your Education background AFTER secondary/high school

From (YYYY-MM)	To (YYYY-MM)	Name of School	City and Country	Type of certificate or diploma issued, for example: Bachelor's Degree, Master's Degree, etc. If not completed, write "incomplete"	Area of Study, If not specific, write "General"

Employment History

Please tell us about your employment history for the PAST 10 years, starting with your current job. If the space is not enough, please send us an additional sheet with your entire employment history.

List of employment must be for paid and full-time occupations. If part-time, please specify it.

From (YYYY-MM)	To (YYYY-MM)	Job Title	City and Country	Employer name / Company name	Do you have a letter of employment?, If not, can you get it?

Initial Consultation Form - Section III

Client name: _____

Assessing admissibility matters is an important within our Initial Consultation

Please read the following carefully and answer truthfully

If you reply "yes" to any of the following statements do not necessarily means you are inadmissible.

Our main goal is assist you in the best possible way

Have you OR any of your family members ever:

YES NO

Ever committed, been arrested for, been charged with or convicted of, or are you currently charged with, on trial for, or party to a crime or offence, or subject to any criminal proceeding in any country?

Ever been arrested, charged or convicted for driving a vehicle under the influence (DUI); while affected by alcohol or drugs

Previously applied for Canadian immigrant or permanent resident visa OR visitor or temporary resident visa including eTA?

If yes, please advise what application you made to Canada and the date of application (if available)

Type of application	Date

Previously denied any visa, permit, permanent resident in Canada or any other country?

If yes, please advise what country you applied to and the date of the denial (if available)

Country	Date

Previously sought refugee status in Canada or any other country in the world?

If yes, please advise what country and the date of application (if available)

Country	Date

Been involved in an act of genocide, war crimes or in the comission of a crime against humanity?

Use, planned or advocate the use of armed struggle or violence to reach policital, religious or social objectives?

Been associated with a group that used, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives?

Been a member of an organization that is or was engaged in an activity that is part of a pattenr of criminal activity?

Had been detained, incarcerated, or put in jail?

Had any serious diseases or physical or mental disorders?