



## APPLICATION FOR WORK PERMIT MADE OUTSIDE OF CANADA

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

1 UCI	2 *I want service in
-------	----------------------

OFFICE USE ONLY
Validated

### PERSONAL DETAILS

<b>1 Full name</b>				
*Family name (as shown on your passport or travel document)	Given name(s) (as shown on your passport or travel document)			
<b>2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.) ?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Family name	Given name(s)			
<b>3 *Sex</b>	<b>4 Date of birth</b>	<b>5 Place of birth</b>		
	*YYYY *MM *DD	*City/Town *Country		
<b>6 *Citizenship</b>				
<b>7 Current country of residence:</b>				
Country	Status	Other	From	To
*	*		YYYY-MM-DD	YYYY-MM-DD
<b>8 Previous countries of residence:</b> During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD
<b>9 Country where applying:</b> Same as current country of residence? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Country	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
<b>10 *a) Your current marital status</b>		<b>b) (If you are married or in a common-law relationship)</b> Provide the date on which you were married or entered into the common-law relationship <span style="font-size: 1.2em;">▶</span>		Date
c) Provide the name of your current Spouse/Common-law partner				YYYY-MM-DD
Family name	Given name(s)			

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
----------------	---------------

**PERSONAL DETAILS (CONTINUED)**

<b>11 Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes Provide the following details for your previous Spouse/Common-law Partner: Family name _____ Given name(s) _____			
c) Date of birth	Type of relationship	From	To
YYYY    MM    DD		YYYY-MM-DD	YYYY-MM-DD

**LANGUAGE(S)**

1 *a) Native language/Mother Tongue	b) If your native language is not English or French, which language do you use most frequently?	*c) Are you able to communicate in English and/or French?
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

**PASSPORT**

1 *Passport number	2 *Country of issue	3 *Issue date	4 *Expiry date
		YYYY-MM-DD	YYYY-MM-DD

**CONTACT INFORMATION**

**If submitting your application by mail:**  
 - All correspondence will go to this address unless you indicate your e-mail address below.  
 - Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.  
 - If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

<b>1 Current mailing address</b>						
P.O. box	Apt/Unit	Street no.	*Street name			
*City/Town	*Country		Province/State	Postal code	District	
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes						
Apt/Unit	Street no.	Street name			City/Town	
Country			Province/State	Postal code	District	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other		
Type	Country Code	No.	Ext.	Type	Country Code	No.
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				6 E-mail address		
	Country Code	No.	Ext.			

**DETAILS OF INTENDED WORK IN CANADA**

1 *What type of work permit are you applying for? Select: Exemption from Labour Impact Assessment (LMIA)
2 Details of my prospective employer (attach original offer of employment)
a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here) McGill University, Faculty of Medicine
b) Complete Address of Employer (Canadian or Foreign): 3605 Promenade Sir William Osler, room 601

Applicant Name	Date of Birth
----------------	---------------

**DETAILS OF INTENDED WORK IN CANADA (CONTINUED)**

<b>3</b> Intended location of employment in Canada?			
Province Qc	City/Town Montreal	Address Same as above	
<b>4</b> My occupation in Canada will be: *Job title Medical resident/Fellow		*Brief description of duties Performing Clinical Duties	
<b>5</b> Duration of expected employment	From See McGill offer letter YYYY-MM-DD	To To YYYY-MM-DD	<b>6</b> Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No. See PGME email: reference number indicated

**LIVE-IN CAREGIVER PROGRAM**

<b>1</b> Type of care, indicate all that apply:	<b>2</b> No. of persons requiring care
<input type="checkbox"/> Child care <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	

**EDUCATION**

Have you had any post secondary education (including university, college or apprenticeship training)?  \*No  \*Yes

If you answered "yes", give full details of your highest level of post secondary education.

<b>1</b>	From YYYY MM	Field and level of study	School/Facility name	
	To YYYY MM	City/Town	Country	Province/State

**EMPLOYMENT**

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.)

<b>1</b>	From *YYYY *MM	*Current Activity/Occupation	*Company/Employer/Facility name	
	To YYYY MM	*City/Town	*Country	Province/State
<b>2</b>	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State
<b>3</b>	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State

**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older.

<b>1</b>	<p>a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).</p> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
----------	---	--

Applicant Name	Date of Birth
----------------	---------------

**BACKGROUND INFORMATION (CONTINUED)**

**2** a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?  No  Yes

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country?  No  Yes

c) Have you previously applied to enter or remain in Canada?  No  Yes

d) If you answered "yes" to question 2a), 2b), or 2C please provide details.

**3** a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?  No  Yes

b) If you answered "yes" to question 3a) above, please provide details.

**4** a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?  No  Yes

b) If you answered yes to question 4a), please provide dates of service and countries where you served.

**5** Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?  No  Yes

**6** Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?  No  Yes

**If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.**

**SIGNATURE**

Citizenship and Immigration Canada (CIC), or an organization at CIC' request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.

Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N)  No  Yes

I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

\_\_\_\_\_  
Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

\_\_\_\_\_  
Date: YYYY-MM-DD

**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted by mail.**

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.



Applicant Name

Date of Birth

**DISCLOSURE**

Information provided to CIC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), The Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), The Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to CIC's line of business and services and the Government of Canada's access to information and privacy programs are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.