

1 - ENGLISH LANGUAGE ASSESSMENT

1a. Have you taken a Canadian Language Benchmark Placement Test (CLBPT)? Yes No

If yes, where:

1b. When did you take the test?

1c. What level did you achieve?

1d. Have you taken another English Language Assessment test? Yes No

If yes, where:

1e. When did you take the test?

1f. What level did you achieve?

How long have you been in Canada?

Less than 1 year 1-5 years 6-9 years 10 years or more

2 - EDUCATION BACKGROUND

2a. What is your health profession?

2b. What was your highest completed educational qualification? (e.g., BSN, University of Singapore, 1999.)

Education	What Country?	What was the year of completion?

3 - REGISTRATION

3a. Were you registered to practice in your profession in your country of origin or in another country? Yes No

If yes, for how long?

Less than 1 year 1-5 years 6-9 years 10 years or more

3B. In which country/countries were you registered in your profession?

4 – EMPLOYMENT INFORMATION OUTSIDE OF CANADA

4a. Have you worked in your profession outside of Canada? Yes No

If yes,

4b. Profession List all all	4c. How long did you work?	4d. In what country/countries did you work?	4e. When did you last work in this position?
1.			
2.			
3.			
4.			

5 – EMPLOYMENT INFORMATION IN CANADA

5a. Have you worked in health care in Canada? Yes No

If yes, how long have you worked in health care in Canada?

Less than 1 year 1-5 years 6-9 years 10 years or more

5b. At which facility(ies)/agency(ies) have you worked? List all facilities/agencies.	5c. What was/is your job at these places?	5d. What was/is your employment status?	5e. How long have you/did you work in this job?
1.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Casual	
2.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Casual	
3.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Casual	

5f. Have you worked in other jobs in Canada? Yes No

If yes,

5g. At which company(ies)/agency(ies) have you worked? List all companies/agencies	5h. What was/is your job?	5i. What was/is your employment status?	5k. How long have you/did you work in this job?
1.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Casual	
2.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Casual	
3.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Casual	

If no, please explain why you have not been working in Canada:

Are you currently working? Yes No

If yes, what hours do you work? _____

6 – VOLUNTEER WORK IN CANADA

6a. Have you worked as a volunteer in Canada? Yes No

If yes, please describe your volunteer role:

6b. At which organization have you worked as a volunteer? List all organizations	6c. What was/is/ your volunteer job at these sites?	6d. How long have you/did you work as a volunteer?
1.		
2.		

3.		
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7 – USE OF ENGLISH

7a. Do you, or did you, speak English at work or in your volunteer role?

Yes No

If yes,

7.b. Position List all of your paid or volunteer positions	7.c. How much of the time did you speak English
	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Little of the time
	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Little of the time
	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Little of the time
	<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Little of the time

8 – REGISTRATION

8a. Have you tried to get registered in Canada in your profession?

Yes No

If no, please explain:

9 – ENGLISH LANGUAGE COURSES

9a. Have you taken any language upgrading courses in or outside of Canada?
Yes No

If yes, where?

9b. How long was the course?

9c. What type of English language course was it? (e.g., General ESL, Academic English, College Preparatory, Exam Preparatory)

9d. What was the name and level of the course?

9e. Please list any course grades, certificates, or diplomas you received for passing this course:

9f. Have you taken any other courses in Canada? (e.g., Care Aide/Home Support, WIMISS, Food Safe)

If yes, where?

9g. How long was the course?

9h. What type of course was it?

9i. What was the name and level of the course?

9j. When did you take the course?

10 – COMPUTER SKILLS

10a. Can you use a computer? Yes No

10b. Can you use email and internet? Yes No

**Thank you. Please return this application to:
Sandy Berman by email at: sandyberman@shaw.ca
or by fax at: 604-874-8654**

For more information call Sandy Berman at 604-873-8545

Deadline for Applications for Course 2: March 27th, 2009

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