

Temporary Residence Questionnaire

Visitor / Worker / Student



R2 IMMIGRATION SERVICES

New Client Existing Client Returning Client

What type of application are you applying for?

Visitor's Visa from Outside Canada Visitor's Visa Extension from Inside Canada
 Restoration of Status Change of Status to Student/Worker Other/s

Please answer the following questions TRUTHFULLY. Please make note that you as an applicant will be responsible for any misleading/wrong information and/or falsification that may occur during and after this application:	
What type application/ change of status do you want to obtain? (Work Permit, Study Permit, and Visitor status, Open Work Permit, etc)	
When does your permit expire?	
Are you under restoration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever remained beyond the validity of your status, studied or worked without authorization In Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES; provide information	
Have you ever been arrested for or been charged with or convicted of any criminal offense in any country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES; provide information	
Have you or any of the family members ever had or been in contact with tuberculosis within the past 2 yrs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES; provide information	
Did you serve in the military or any security or police force in the past?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES; provide information	
Have you ever been a member of a member of any organization Involved In any criminal activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES; provide information	



Have you ever witnessed or participated in the treatment of prisoners or civilians?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES; provide information			
Have you ever been refused admission to Canada or any other country?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES; provide information			
Have you ever remained beyond the validity of your status; attended school without authorization or worked without authorization in Canada?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES; provide information			
Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES; provide information			
Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES; provide information			
Given Name of the applicant (same as passport)		Last Name (Leave it blank if no last name is mentioned on passport)	

Date of Birth (YYYY/MM/DD)		Sex	
Permanent Address			
Current Address			
Country of Citizenship		Native Language	
Home number		Cell Number	
Fax Number		Email Address:	
Marital Status		Date of Marriage (yyyy/mm/dd)	
Name of Current Spouse		Current Location of your spouse or common-law partner	
		Is your spouse a Canadian Citizen or Permanent Resident of Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If previously married or in Common-law relationship, First and Last name of previous partner: -			
Start Date and End Date of Previous Relationship			
From (yyyy/mm/dd)		To (yyyy/mm/dd)	
Applicant Passport Number		Expiry Date (yyyy/mm/dd)	
Issue Date (yyyy/mm/dd)			



What type of status do you currently have in Canada?

Temporary Foreign Worker

Refugee

Open work Permit

Visitor/ Tourist

Student

Other/s

Date of Original Entry to Canada (yyyy/mm/dd)	
Port/location/airport of Entry	
Original Reason For Coming to Canada	
Most Recent Entry to Canada (yyyy/mm/dd)	
Port/location/airport of Entry	
Recent reason for coming to Canada	

If you have lived In any other country other than your country of citizenship during the last five years, Please indicate the following

From(yyyy/mm/dd)	To(yyyy/mm/dd)	City and Country	Status and/or purpose of visit



EDUCATION INFORMATION

Do you have post-secondary education, including university, college, vocational or apprenticeship program? Yes No

Please provide the details of the most recent and the highest educational qualification.

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	School/ Institution	Course/ Field of study	City, Province and Country

EMPLOYMENT HISTORY

(Please give details of work from the past 10 years. Use extra sheets if necessary. Start from the recent work details, give the Year and the month only. Please do not leave a gap in between dates)

Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	Company Name	Job Position/ Occupation/ Activity	City, Province and Country

Family information

Parents information

Father's Name	Date of Birth	Place of Birth	Date & place of death (if deceased)	Current address	Current occupation
Mother's Name	Date of Birth	Place of Birth	Date & place of death (if deceased)	Current address	Current occupation

Children information

Child Name	Date of Birth	Place of Birth	Date & place of death (if deceased)	Current address	Current occupation

Sibling information

Name & Relationship	Date of Birth	Place of Birth	Date & place of death (if deceased)	Current address	Current occupation