



SERVICE LINKS CANADA INC.

## ASSESSMENT FOR SPONSORING FAMILY MEMBERS

IF YOU HAVE ANY TECHNICAL PROBLEMS WITH THIS FORM, YOU MAY CONTACT US DIRECTLY AT : [INFO@SERVICELINKS.CA](mailto:INFO@SERVICELINKS.CA)

**DATE:**

1) INFORMATION ABOUT SPONSOR	
TITLE NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MS.
LAST NAME	FIRST NAME:
E-MAIL	PHONE:
AGE	
MARITAL STATUS:	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SPARATED <input type="checkbox"/> ENGAGED <input type="checkbox"/> COMMON LAW
COUNTRY OF CITIZENSHIP	COUNTRY AND CITY OF RESIDENCE:
NUMBER OF PEOPLE IN HOUSEHOLD	TOTAL HOUSEHOLD INCOME: <input type="checkbox"/> <\$ 17,000 <input type="checkbox"/> \$17,000 – \$20,000 <input type="checkbox"/> \$20,000 - \$23,000 <input type="checkbox"/> \$23,000 - \$26,000 <input type="checkbox"/> \$26,000 - \$29,000 <input type="checkbox"/> >\$29,000
EDUCATION LEVEL	<input type="checkbox"/> DOCTORATE & MASTER DEGREE <input type="checkbox"/> BACHELOR DEGREE INVOLVING EQUIVALENT OF A LEAST 3 YEARS FULL TIME STUDIES <input type="checkbox"/> 3-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA, TRADE CERT. OR APPRENTICESHIP <input type="checkbox"/> 2-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> 1- YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> HIGH SCHOOL

CANADA: Unit 207-B, 2099 Lougheed Hwy, Shaughnessy Square, Port Coquitlam, British Columbia V3B 1A8

t +1 604.944.7912 f +1 604.944.7913

THAILAND: Unit 116, 973 President Tower, 10th Floor, Ploenchit Road, Lumpini, Pratumwan, Bangkok 10330

t +66 2 656 1543 f +66 2 656 1544

e [info@servicelinks.ca](mailto:info@servicelinks.ca)



SERVICE LINKS CANADA INC.

WORK HISTORY	<p>PLEASE WRITE IN THIS SPACE:</p> <ul style="list-style-type: none"> <li>- NAME AND LOCATION OF YOUR CURRENT AND PREVIOUS EMPLOYERS</li> <li>- YOUR POSITION</li> <li>- NUMBER OF MONTHS/YEARS WITH CURRENT AND PAST EMPLOYERS</li> </ul>
2) INFORMATION ABOUT RELATIVES SEEKING PERMANENT STATUS IN CANADA	
NUMBER OF APPLICANTS SEEKING TO BE SPONSORED	
APPLICANT (1)	
TITLE NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MS.
LAST NAME	FIRST NAME:
E-MAIL	PHONE:
AGE	MARITAL STATUS:
COUNTRY OF CITIZENSHIP	COUNTRY AND CITY OF RESIDENCE:
WHAT IS YOUR RELATION TO THE SPONSOR?	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> OTHER
IF YOU SELECTED OTHER, SPECIFY	
	PLEASE INDICATE YOUR ABILITIES IN BOTH THE ENGLISH AND FRENCH LANGUAGES, AS FOLLOWS:
FLUENT:	VERY GOOD COMMAND OF THE LANGUAGE IN A RANGE OF SOCIAL AND WORK SITUATIONS, AND NO DIFFICULTY COMMUNICATING IN PROFESSIONAL CAPACITY
WELL:	CAN COMMUNICATE REASONABLY WELL ABOUT PERSONAL AND FAMILIAR THINGS
WITH DIFFICULTY	COMMAND OF JUST A FEW BASIC WORDS



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ENGLISH	<p>READING:</p> <p>WRITING:</p> <p>SPEAKING:</p> <p>LISTENING:</p>
FRENCH	<p>READING:</p> <p>WRITING:</p> <p>SPEAKING:</p> <p>LISTENING:</p>
EDUCATION LEVEL	<p><input type="checkbox"/> DOCTORATE &amp; MASTER DEGREE</p> <p><input type="checkbox"/> BACHELOR DEGREE INVOLVING EQUIVALENT OF A LEAST 3 YEARS FULL TIME STUDIES</p> <p><input type="checkbox"/> 3-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA, TRADE CERT. OR APPRENTICESHIP</p> <p><input type="checkbox"/> 2-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA</p> <p><input type="checkbox"/> 1- YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA</p> <p><input type="checkbox"/> HIGH SCHOOL</p>
WORK HISTORY	<p>PLEASE WRITE IN THIS APACE:</p> <ul style="list-style-type: none"> <li>- NAME AND LOCATION OF YOUR CURRENT AND PREVIOUS EMPLOYERS</li> <li>- YOUR POSITION</li> <li>- NUMBER OF MONTHS/YEARS WITH CURRENT AND PAST EMPLOYERS</li> </ul>
APPLICANT (2)	
TITLE NAME	<p><input type="checkbox"/> MR. <input type="checkbox"/> MS.</p>
LAST NAME	FIRST NAME:
E-MAIL	PHONE:
AGE	MARITAL STATUS:
COUNTRY OF CITIZENSHIP	COUNTRY AND CITY OF RESIDENCE:



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WHAT IS YOUR RELATION TO THE SPONSOR?	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> OTHER
IF YOU SELECTED OTHER, SPECIFY	
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WITH DIFFICULTY	COMMAND OF JUST A FEW BASIC WORDS
ENGLISH	READING:  WRITING:  SPEAKING:  LISTENING:
FRENCH	READING:  WRITING:  SPEAKING:  LISTENING:
EDUCATION LEVEL	<input type="checkbox"/> DOCTORATE & MASTER DEGREE <input type="checkbox"/> BACHELOR DEGREE INVOLVING EQUIVALENT OF A LEAST 3 YEARS FULL TIME STUDIES <input type="checkbox"/> 3-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA, TRADE CERT. OR APPRENTICESHIP <input type="checkbox"/> 2-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> 1- YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> HIGH SCHOOL



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WORK HISTORY	<p>PLEASE WRITE IN THIS SPACE:</p> <ul style="list-style-type: none"> <li>- NAME AND LOCATION OF YOUR CURRENT AND PREVIOUS EMPLOYERS</li> <li>- YOUR POSITION</li> <li>- NUMBER OF MONTHS/YEARS WITH CURRENT AND PAST EMPLOYERS</li> </ul>
APPLICANT (3)	
TITLE NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MS.
LAST NAME	FIRST NAME:
E-MAIL	PHONE:
AGE	MARITAL STATUS:
COUNTRY OF CITIZENSHIP	COUNTRY AND CITY OF RESIDENCE:
WHAT IS YOUR RELATION TO THE SPONSOR?	<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER-IN-LAW <input type="checkbox"/> MOTHER-IN-LAW <input type="checkbox"/> GRANDFATHER <input type="checkbox"/> GRANDMOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> OTHER
IF YOU SELECTED OTHER, SPECIFY	
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ENGLISH	READING:  WRITING:  SPEAKING:  LISTENING:



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FRENCH	READING:  WRITING:  SPEAKING:  LISTENING:
EDUCATION LEVEL	<input type="checkbox"/> DOCTORATE & MASTER DEGREE <input type="checkbox"/> BACHELOR DEGREE INVOLVING EQUIVALENT OF A LEAST 3 YEARS FULL TIME STUDIES <input type="checkbox"/> 3-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA, TRADE CERT. OR APPRENTICESHIP <input type="checkbox"/> 2-YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> 1- YEARS EQUIVALENT FULL TIME STUDIES / TRAINING LEADING TO A DIPLOMA <input type="checkbox"/> HIGH SCHOOL
WORK HISTORY	PLEASE WRITE IN THIS APACE: - NAME AND LOCATION OF YOUR CURRENT AND PREVIOUS EMPLOYERS - YOUR POSITION - NUMBER OF MONTHS/YEARS WITH CURRENT AND PAST EMPLOYERS
APPLICANT (4)	
TITLE NAME	<input type="checkbox"/> MR. <input type="checkbox"/> MS.
LAST NAME	FIRST NAME:
E-MAIL	PHONE:
AGE	MARITAL STATUS:
COUNTRY OF CITIZENSHIP	COUNTRY AND CITY OF RESIDENCE:



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FRENCH	READING:  WRITING:  SPEAKING:  LISTENING:
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- YOUR POSITION
- NUMBER OF MONTHS/YEARS WITH CURRENT AND PAST EMPLOYERS

ADDITIONAL INFORMATION

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