

PLEASE BE SURE TO INCLUDE A **LEGIBLE** PHOTOCOPY OF YOUR IMMIGRATION DOCUMENT WITH YOUR APPLICATION

DATE RECEIVED _____

ELSA APPLICATION FORM

CLIENT ID NUMBER FROM IMMIGRATION DOCUMENT. _____ TELEPHONE NUMBER _____

FAMILY NAME _____ FIRST NAMES _____

ADDRESS _____ CITY _____ POSTAL CODE _____

WHAT IS YOUR STATUS IN CANADA?
 PERMANENT RESIDENT **APPLICANT FOR PERMANENT RESIDENCE** CANADIAN CITIZEN OTHER _____

DATE OF BIRTH _____ **COUNTRY OF BIRTH** _____ **MOTHER TONGUE** _____ **IMMIGRATION CATEGORY** _____

PROVINCE OF LANDING IN CANADA (IF OTHER THAN BC) _____ **DATE OF ARRIVAL IN CANADA (LANDING DATE)** _____

DO YOU CURRENTLY RECEIVE OR HAVE YOU APPLIED TO RECEIVE BENEFITS FROM?
 REFUGEE ADJUSTMENT PROGRAM (RAP) SOCIAL ASSISTANCE EMPLOYMENT INSURANCE
 SIN # _____

HOW MANY YEARS DID YOU ATTEND SCHOOL OUTSIDE CANADA? _____

WHAT LANGUAGE(S) DO YOU SPEAK? _____

WHAT LANGUAGE(S) DO YOU READ? _____

WHAT LANGUAGE(S) DO YOU WRITE? _____

WHAT TIME OF DAY DO YOU WISH TO ATTEND CLASSES?
 FULL DAY (FULL-TIME) MORNING (PART-TIME) AFTERNOON (PART-TIME) EVENING (PART-TIME)

DO YOU NEED CHILDMINDING TO ATTEND CLASS? IF YES, HOW MANY CHILDREN? AGES OF CHILDREN
 YES NO _____ _____

WHO CAN WE CONTACT TO LEAVE A MESSAGE FOR YOU IN ENGLISH?
 NAME _____ TELEPHONE _____

Personal information provided to the assessment and referral centre and to your language training institution will be accessible to the service funder (federal and provincial governments) and service provider for service monitoring and evaluation and for research purposes. Completion and submission of this application form implies consent to this access for such purposes.

OFFICE USE ONLY - CLBA ASSESSMENT RESULTS									
LISTENING/SPEAKING	<input type="checkbox"/>	READING	<input type="checkbox"/>	WRITING	<input type="checkbox"/>	NUMERACY	<input type="checkbox"/>	ELSA LEVEL	<input type="checkbox"/>
ASSESSMENT DATE	L/S OFFICER	APPOINTMENT							
		1	DATE:		TIME:				
SCHOOL REFERRAL	SHIFT	2	DATE:		TIME:				