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# CANADIAN WHM VISA



## Application Form

PLEASE USE BLOCK CAPITALS

### NAMES

(PROVIDE YOUR COMPLETE NAME CORRESPONDING TO THE NAME ON YOUR CURRENT PASSPORT)

Last name(s)

First name(s)

Have you used any other last names in the past? Yes  No



→ Give details

### PERSONAL DESCRIPTION

Date Of Birth dd\_\_\_\_/ mm\_\_\_\_/ yy\_\_\_\_

Country / territory Birth

Nationality

City of birth

Gender F  M

Marital status

### ID DOCUMENTS

Passport number

Country/territory of issue

Date of Issue dd\_\_\_\_/ mm\_\_\_\_/ yy\_\_\_\_

Expiry date dd\_\_\_\_/ mm\_\_\_\_/ yy\_\_\_\_

### LANGUAGE DETAILS

Native language/mother tongue

If your first language is not English or French, which language do you use most frequently?

Have you graduated from high school, or enrolled, deferred or been accepted to undertake study in a post secondary educational institution?

Are you able to communicate in English and/or French?

Have you taken a test from a designated testing agency to assess your proficiency in English and/or French?

**IMMIGRATION HISTORY AND CITIZENSHIPS**

What is your current country/territory of residence?

What is your country/territory of permanent residence?

In the past five years have you lived in any other country or territory, other than the one you are a citizen of or where you currently live (shown above), for more than six months? Yes  No

→ Give details

**Additional citizenships**

Indicate if you are a citizen of a country/territory other than the one on your passport.

Have you previously applied to enter or remain in Canada?  
(Select YES if, in the past, you submitted an application to come to Canada, such as a study permit, work permit or visitor visa.) Yes  No

If YES - Unique client identifier (UCI) / Previous Canadian visa or permit number (Optional) ↓

→ Give details

**CURRENT MAILING ADDRESS**

Residential address  
(This is the address where you currently live.)

Apartment number/ unit	Street number	Street address/ Name
City/town	District/region	Country/territory

From (since when you are living at your current address) dd\_\_\_\_/ mm\_\_\_\_/ yy\_\_\_\_

Is your mailing address the same as your current residential address? Yes  No

→ Give details

Have you ever participated in International Experience Canada before? Yes  No

→ Give details

**BACKGROUND QUESTIONS**

Within the past two years, have you or a family member had tuberculosis of the lungs or been in close contact with a person with tuberculosis? Yes  No

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  No

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

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

Have you previously applied to enter or remain in Canada?  
(Select YES if, in the past, you submitted an application to come to Canada, such as a study permit, work permit or visitor visa.) Yes  No

Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country/territory? Yes  No

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)? Yes  No

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

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

**WORK HISTORY**

GIVE DETAILS OF YOUR EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING ANY GOVERNMENT POSITIONS YOU HAVE HELD.

Name of the employer		
Start date	dd____/mm____/yy____	End Date dd____/mm____/yy____
Occupation	Country/territory	City

**WORK HISTORY**

GIVE DETAILS OF YOUR EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING ANY GOVERNMENT POSITIONS YOU HAVE HELD.

Name of the employer		
Start date	dd____/mm____/yy____	End Date dd____/mm____/yy____
Occupation	Country/territory	City

**WORK HISTORY**

GIVE DETAILS OF YOUR EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING ANY GOVERNMENT POSITIONS YOU HAVE HELD.

Name of the employer

Start date dd\_\_\_\_/mm\_\_\_\_/yy\_\_\_\_

End Date dd\_\_\_\_/mm\_\_\_\_/yy\_\_\_\_

Occupation

Country/territory

City

**EDUCATION HISTORY**

Do you have any post-secondary education (including university, college and vocational training)? Yes  No

Start date dd\_\_\_\_/mm\_\_\_\_/yy\_\_\_\_

Expected Completion Date dd\_\_\_\_/mm\_\_\_\_/yy\_\_\_\_

Name of school/institution

Level of Study

Field of study

Country/territory

City

Do you want to work in one of the following jobs while in Canada? Yes  No

- health sciences worker
- clinical laboratory worker
- patient attendant in nursing or geriatric homes
- medical student admitted to Canada to attend university
- medical elective and physician on short term assignment
- teacher of primary or secondary schools or other teachers of small children
- domestics worker, someone who gives in-home care to children, the elderly and the disabled
- day nursery worker