



**Government of Saskatchewan
Immigration Branch**

**Skilled Worker
Application Form**

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

Category You are Applying under:

Skilled Workers / Professionals

The Skilled Workers & Professionals category requires the following criteria be met prior to the application being considered for SINP nomination:

1. I have a permanent offer of employment (please attach). Yes No
2. The offer of employment is in an occupation that falls into the National Occupational Classification Matrix (<http://www23.hrdc-drhc.gc.ca/2001/e/generic/matrix.pdf>) level "A" or "B" or an equivalent apprenticeship-able trade in Saskatchewan. Yes No
 Position Title: _____ . NOC Code: _____ .
3. I have scored a minimum of 35 points on the self assessment form. Yes No

Critical Occupations

The Critical Occupations category requires the following criteria be met prior to the application being considered for SINP nomination:

1. I have a permanent offer of employment (please attach). Yes No
2. The offer of employment is in a management position that falls into the National Occupational Classification Matrix level "0" Yes No
3. I have scored a minimum of 35 points on the self assessment form. Yes No

Existing Work Permit

1. I have a Work Permit issued by Citizenship and Immigration Canada. Yes No
 Position Title: _____ . Authorization Number: BB _____ .
 Date Issued: _____ . Date of Expiry: _____ .
2. I have a permanent offer of employment (please attach). Yes No

Does your occupation require you to be approved by an occupational regulatory body before you can work in Saskatchewan? Yes No

If yes, which regulatory body:

If you have contacted the regulatory body and it has been determined that you do not qualify to work in Saskatchewan, please explain in detail how you will meet the regulatory requirements. _____

Please attach correspondence from the regulatory body supporting your ability to work in this occupation in Saskatchewan. SINP will contact the regulatory body to confirm they support your nomination.

I AM: The Applicant

IF YOU ARE NOT THE APPLICANT ARE YOU: A Consultant A Lawyer Other _____

NAME and ADDRESS:

HAS THE APPLICANT OR A FAMILY MEMBER ACCOMPANYING THE APPLICANT PREVIOUSLY APPLIED FOR ADMISSION TO CANADA AS AN IMMIGRANT: Yes No

If yes, please provide:

Immigration office contacted: _____

Date(s) of application: _____

Name(s) of applicant: _____

Category of application: Entrepreneur Self-Employed Independent
 Family Class Provincial Nominee Investor

If Provincial Nominee, indicate Province of application: _____

Have you ever been refused a visa? Yes No

If your answer to this question is YES, provide details below.

PERSONAL INFORMATION

| | |
|------------------------------|-------------------|
| 1. a) Surname (family name): | b) Given name(s): |
|------------------------------|-------------------|

c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code)

| | | |
|---------------------------------------|-----------------------------------|----------------------|
| 2. a) Date of birth (day/month/year): | b) Place of birth (city or town): | c) Country of birth: |
|---------------------------------------|-----------------------------------|----------------------|

| 3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | 4. Citizenship: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------------------|---|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 5. a) Mailing address: | b) Duration at this residence (years and months): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Address of residence (complete if mailing address is a post office box or different from place of residence): | d) Telephone number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | e) Facsimile number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) E-mail address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. a) Current trade or profession: | b) Intended occupation in Saskatchewan: <hr style="border-top: 1px dotted black;"/> Do you have an offer of employment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer's name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) NOC number : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. List those who will accompany the applicant to Canada (use a separate sheet if required): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Name Last/Given</u></th> <th style="text-align: left; width: 30%;"><u>Relationship</u></th> <th style="text-align: left; width: 30%;"><u>Date of Birth/Age</u> (day/month/year)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> | | <u>Name Last/Given</u> | <u>Relationship</u> | <u>Date of Birth/Age</u> (day/month/year) | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | | | | | | | | | | |
| <u>Name Last/Given</u> | <u>Relationship</u> | <u>Date of Birth/Age</u> (day/month/year) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. List relatives currently living in Canada (use a separate sheet if required): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <u>Name Last/Given</u> | <u>Relationship</u> | <u>City/Province</u> | <u>Length of Residence</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the release of information from my Saskatchewan Immigrant Nominee Program application to officials of the Canadian Government relating to my application and other government officials as deemed appropriate.
- I authorize the release of employment and educational history to potential employer(s) and to associations and agencies assessing work and educational qualifications.
- I authorize the third party listed on this application to provide the completed form to the Saskatchewan Government and I further authorize this third party and the Government of Saskatchewan to discuss the contents of this form, or additional information of this type, for the purposes described in the application.

Applicant Name (please print)

Applicant Signature

Date

DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point that was not clear to me.

I have read and understand the above declaration

YES NO

Applicant Name (please print)

Applicant Signature

Date