

The NewToBC Library Champions Project - Application Form

Date of Information Session: _____ Location: _____

Interviewer: _____

Interviewer's Notes:

Office Use Only: SL WL NE

Unique Identifier (ID):

FOSS or GCMS ID

Temporary Resident, Minister's Permit Number

IMM5292, IMM5509, IMM1000 Number

PR Number: _____

Applicant Information:

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____
Apt Street Number Street Name Street Type City Province Postal Code

Phone: _____ Email: _____

I consent to being contacted by IRCC for research or consultation on all the settlement services I receive.

Yes No Signature: _____

How did you hear about the Library Champions Project? _____

Home Country: _____ Home Language: _____ Month/Year of Arrival in Canada: _____

English Level: Beginner Lower Intermediate
 Intermediate Upper Intermediate
 Advanced Fluent / Native English Speaker

Gender: Male Female

Education: No certificate, diploma or degree High school certificate or equivalent
 College or other non-university certificate University certificate under bachelor
 Bachelor degree Master degree and above

Are you currently employed: Yes No If yes: Part-time Full-time Professional background:

Are you able to commit to the project's timeline? Yes No

Please answer the following questions:

If you need more space, please use the back of this page.

A. Why are you interested in becoming a Library Champion?

B. How will this project help you?

C. Please describe yourself in a few sentences. What are your strengths?

Information provided here will be used strictly for the purposes of delivering this program and reporting on the program to Immigration, Refugees and Citizenship Canada via iCARE. For more information, please see the 'Gathering Information' document available upon request.

You will be contacted regarding your acceptance into the program within one week of this information session.