

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 Immigration, Refugees and Citizenship Canada for research or consultation on all the settlement services I receive.

Yes No Signature:

Where did you hear about the Library Champions Project?

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

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.