



## APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A WORKER

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

Do not validate unless you are 100% the form has been filled out accurately. You can save it without validating

Validate

Clear Form

JavaScript has been disabled, the form requires JavaScript to validate properly. Enable JavaScript through Preferences under the Edit menu and reopen the form.

1  I want service in  Select English

OFFICE USE ONLY  
Validated

3 I am applying for one or more of the following:

Apply for a work permit with a new employer  
 Restore my status as a worker  
 Apply for a work permit for the first time or with a new employer  
 Get a new temporary resident permit (for inadmissible applicants only)

Select this option, as it is your first time

### PERSONAL DETAILS

1 Full name  
 \* Family name (as shown on your passport or travel document)  Given name(s) (as shown on your passport or travel document)

If you do not have a last name type "no last name" here

2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)?  No  Yes  
 b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.)  
 Family name  Given name(s)

3 Sex  4 Date of birth  \* YYYY  \* MM  \* DD  5 Place of birth: \* City/Town  \* Country or Territory

6 \* Citizenship

7 Current country or territory of residence:

Country or Territory	Status	From	To
Canada		YYYY-MM-DD	YYYY-MM-DD

Date you entered through port of entry and received your study permit

Study permit expiry date

8 a) Previous countries or territories of residence: During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months?  No  Yes  
 b) If you answered "yes" to question 8a), please provide details

Country or Territory	Status	Other	From	To
			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

9 a) Your current marital status  b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship  Date YYYY-MM-DD

c) Provide the name of your current Spouse/Common-law partner  
 Family name  Given name(s)

d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident?  No  Yes

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**PERSONAL DETAILS (CONTINUED)**

10 a) Have you previously been married or in a common-law relationship?  \* No  \* Yes

b) Provide the following details for your previous Spouse/Common-law partner:

Family name	Given name(s)
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c) Type of relationship

d) From	To	e) Date of Birth
YYYY-MM-DD	YYYY-MM-DD	YYYY MM DD

**LANGUAGE(S)**

1 \* a) Native language/Mother Tongue

\* b) Are you able to communicate in English and/or French?

c) In which language are you most at ease?

d) Have you taken a test from a designated testing agency to assess your proficiency in English or French?  \* No  \* Yes

**PASSPORT**

1 \* Passport number

2 \* Country or territory of issue

3 \* Issue date

4 \* Expiry date

5 \* For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number?  \* No  \* Yes

6 \* For this trip, will you use a National Israeli passport?  \* No  \* Yes

**NATIONAL IDENTITY DOCUMENT**

1 Do you have a national identity document?  \* No  \* Yes

2 Document number

3 Country or Territory of issue

4 Issue date

5 Expiry date

**US PR CARD**

1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)?  \* No  \* Yes

2 Document number

3 Expiry date

**CONTACT INFORMATION**

If submitting your application by mail:

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to that address.
- If you wish to authorize the release of information from your application to a representative, indicate the name and address of the representative.

Ensure your mailing address is current and you will be living there for at least 6 months. Your work permit will be mailed to your address.

1 Current mailing address

P.O. box Apt/Unit Street no. \* Street name

\* City/Town \* Country or Territory Canada \* Province \* Postal code

2 Residential address Same as mailing address?  \* No  \* Yes

Apt/Unit Street no. Street name

City/Town \* Country or Territory Canada Province Postal code

3 Telephone no.  Canada/US  Other

Type Country Code No. Ext.

4 Alternate Telephone no.  Canada/US  Other

Type Country Code No. Ext.

5 Fax no.  Canada/US  Other

Country Code No. Ext.

6 E-mail address

Select "cellular"

Ensure you use your current personal email

Applicant Name	Date of Birth
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**COMING INTO CANADA**

1	Date and place of your original entry to Canada	* Date YYYY-MM-DD	* Place
2	* a) The original purpose for coming to Canada	b) Other	
3	Date and place of your most recent entry to Canada (if not the same as original entry)	Place	
4	If applicable, provide the document number of the most recent visitor record, study Permit, Work Permit or Temporary Resident Permit issued to you.	Document Number	

The city and province you entered through first in Canada. For example: "Toronto,ON"

IF you have left Canada since entering. Type in the date for re-entry here.

The document number of your study permit that begins with "F"

**DETAILS OF INTENDED WORK IN CANADA**

1	* a) What type of work permit are you applying for? Post Graduate work permit	b) Other
2	Details of my prospective employer (attach original offer of employment)	
a) Name of Employer (if you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here)		
b) Complete Address of Employer (Canadian or Foreign): Only add work details here, if you have secured a job already. If not, this section is not mandatory as it is not stated.		
3	Intended location of employment in Canada?	
	Province	City/Town
	Address	
4	My occupation in Canada will be:	
	Job title	Brief description of duties
5	Duration of expected employment	From To
		YYYY-MM-DD YYYY-MM-DD
6	Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No.	
7	If you have been issued a Quebec Acceptance Certificate (CAQ), provide the:	
	Certificate Number	Expiry Date
8	Have you been issued a certificate under the Provincial Nominee program? <input type="radio"/> * No <input checked="" type="radio"/> * Yes	

**EDUCATION**

Have you had any post secondary education (including university, college or apprenticeship training)? <input type="radio"/> * No <input checked="" type="radio"/> * Yes			
If you answered "yes", give full details of your highest level of post secondary education.			
1	From	Field and level of study	School
	YYYY MM		
	To	City/Town	Country
	YYYY MM		Province/State

IF Keyano College is your highest level of post secondary education. Enter Keyano's education details in this section.

**EMPLOYMENT**

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)				
1	From	* Current Activity/Occupation	* Company/Employer/Facility name	
	YYYY MM			
	To	* City/Town	* Country or Territory	Province/State
	YYYY MM			

Enter details of employment history for the past 10 years. Even if employment was in your home country.

Applicant Name	Date of Birth
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**EMPLOYMENT (CONTINUED)**

<b>2</b>	From	Previous Activity/Occupation	Company/Employer/Facility name	
	To	City/Town	Country or Territory	Province/State
<b>3</b>	From	Previous Activity/Occupation	Company/Employer/Facility name	
	To	City/Town	Country or Territory	Province/State

**BACKGROUND INFORMATION**

Clear Section

You must complete this section if you are 18 years of age or older.

**1**

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

b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?  No  Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

**2**

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

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

c) Have you previously applied to enter or remain in Canada?  No  Yes

d) If you answered "yes" to question 2a), 2b) or 2c), please provide details.

The answer to 2 c) is yes. You can type the following context in this section:

I previously applied for a study permit and was approved "enter date". I entered into Canada "enter date" and received my study permit. **(Enter study permit number starting with "F").**

**3**

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

b) If you answered "yes" to question 3a), please provide details.

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**BACKGROUND INFORMATION (CONTINUED)**

**4** a) 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)?  No  Yes

b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served.

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

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

**SIGNATURE**

Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC's request, may want to contact you in the future to ask you about any services you received from IRCC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). IRCC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you personally.

Do you consent to be contacted by IRCC, or an organization at IRCC's request, in the future? (Y/N)  No  Yes

I consent to the release to Immigration, Refugees and Citizenship Canada (IRCC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.	Date: YYYY-MM-DD
<b>Electronically sign or type name</b>	

**IMPORTANT NOTE:**  
 This application must be signed and dated before it is submitted by mail.  
 Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

**PRIVACY NOTICE**

Personal information provided on this form is collected and will be used, disclosed, and retained by Immigration, Refugees and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing applications. The personal information provided may be disclosed to other federal government institutions and third parties including law enforcement bodies, provincial/territorial governments and/or foreign governments for the purpose of validating identity, eligibility and admissibility.

The personal information collected on an application, and other information collected in support of an application, may be used for advanced analytics, automation, and other technologies to support processing of applications and decision making, including your application. Personal information, including from advanced analytics, automation, and other technologies, may also be used for purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, strategy development and reporting.

Where biometrics are provided in support of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate, or prosecute an offence under any law of Canada or a Province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's personal information bank - IRCC PPIUs 054 and 068.

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