

DATE RECEIVED	<h1 style="margin: 0;">LINC APPLICATION FORM</h1>		Protected B
CLIENT ID NUMBER FROM IMMIGRATION DOCUMENT		TELEPHONE NUMBER	
FAMILY NAME		FIRST NAMES	
ADDRESS		CITY	POSTAL CODE
DATE OF BIRTH (YYYY/MM/DD)	EMAIL ADDRESS	PREFERRED OFFICIAL LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	
1) DO YOU CONSENT TO SHARING YOUR CONTACT INFORMATION WITH THE GOVERNMENT OF CANADA FOR PROGRAM RESEARCH AND EVALUATION PURPOSES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2) WHO REFERRED YOU TO THE LINC PROGRAM OR TO THE LINC ASSESSMENT CENTRE? (✓check one only)			
<input type="checkbox"/> NOT REFERRED		<input type="checkbox"/> COMMUNITY CENTRE / LIBRARY	
<input type="checkbox"/> FAMILY / FRIENDS		<input type="checkbox"/> EMPLOYER / CO-WORKER	
<input type="checkbox"/> SCHOOL		<input type="checkbox"/> IMMIGRATION CONSULTANT / LAWYER	
<input type="checkbox"/> OTHER SETTLEMENT SERVICE PROVIDER		<input type="checkbox"/> GOVERNMENT PUBLICATION / BROCHURE / WEBSITE	
<input type="checkbox"/> CANADIAN GOVERNMENT AGENCY		<input type="checkbox"/> NON-GOVERNMENT PUBLICATION / BROCHURE / WEBSITE	
<input type="checkbox"/> IN-CANADA INFORMATION SESSION		<input type="checkbox"/> ETHNIC OR RELIGIOUS ORGANIZATION	
<input type="checkbox"/> OVERSEAS INFORMATION SESSION			
3) HAVE YOU HAD ENGLISH LANGUAGE TRAINING BEFORE?			
<input type="checkbox"/> YES, FREE TRAINING IN CANADA (FUNDED BY COMMUNITY/GOVERNMENT AGENCY)			
<input type="checkbox"/> NO		<input type="checkbox"/> YES, PAID TRAINING IN CANADA (AT A PRIVATE LANGUAGE SCHOOL)	
<input type="checkbox"/> YES, BEFORE COMING TO CANADA		<input type="checkbox"/> YES, ONLINE TRAINING IN CANADA	
4) DO YOU HAVE ANY SPECIAL LEARNING NEEDS?			
<input type="checkbox"/> NO		<input type="checkbox"/> BLIND OR PARTIALLY SIGHTED	
<input type="checkbox"/> DEAF OR HARD OF HEARING		<input type="checkbox"/> OTHER	
CAN YOU READ AND WRITE IN YOUR OWN LANGUAGE?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO (ESL LITERACY LEARNER)	
5) WHAT TIME OF DAY DO YOU WISH TO ATTEND CLASSES?			
<input type="checkbox"/> FULL-TIME (full day)		<input type="checkbox"/> PART-TIME	
<input type="checkbox"/> MORNING		<input type="checkbox"/> AFTERNOON	
<input type="checkbox"/> EVENING		<input type="checkbox"/> WEEKEND	
<input type="checkbox"/> ANYTIME		<input type="checkbox"/> ONLINE	
6) ARE YOU COMFORTABLE TAKING CLASSES ONLINE?			
<input type="checkbox"/> YES		<input type="checkbox"/> NO	
<input type="checkbox"/> YES, WITH ASSISTANCE			
7) WHAT SUPPORT SERVICES DO YOU NEED TO PARTICIPATE IN LANGUAGE TRAINING?			
<input type="checkbox"/> NONE		<input type="checkbox"/> CHILD CARE	
<input type="checkbox"/> TRANSPORTATION		<input type="checkbox"/> PROVISION FOR DISABILITIES	
8) WHAT IS YOUR <u>MAIN</u> REASON FOR TAKING LANGUAGE TRAINING AT THIS TIME? (✓check one only)			
<input type="checkbox"/> FIND EMPLOYMENT		<input type="checkbox"/> GET MORE EDUCATION	
<input type="checkbox"/> PARTICIPATE IN CANADIAN SOCIETY		<input type="checkbox"/> ACQUIRE CITIZENSHIP	

**ASSESSMENT CENTRE USE ONLY:**

LANGUAGE USED:	CLBPT TEST VERSION:	ASSESSMENT DATE (YYYY/MM/DD):		ASSESSOR:	
BENCHMARKS:	LISTENING:	SPEAKING:	READING:	WRITING:	LINC LEVEL:
APPOINTMENT1:	DATE:			TIME:	
APPOINTMENT 2:	DATE:			TIME:	