



Orientation to the Canadian Health Care System for Internationally Educated Health Care Professionals

Application Form

Date: _____

Personal Information - Please Print

First Name		Last Name		Male ___	Female ___
Street			Apt.		
City		Province		Postal Code	
Home Phone		Work Phone			
Cell Phone		Email (please print clearly)			
I would prefer to receive correspondence by Email <input type="checkbox"/> Mail <input type="checkbox"/> (please check one or the other)					
Date of birth (dd/mm/yyyy)			Arrival date in Canada (dd/mm/yyyy)		
Country of origin		Temporary Resident:		Permanent Resident:	
		Visitor Permit ___	Study Permit ___	Economic Class ___	Family Class ___
Health Care Profession and Country of study		Work Permit ___		Refugee Class ___	
		Immigration Status		Canadian Citizen ___	
Current Occupation					
Employment goals in Canada					
English First Language		Languages spoken			
Yes _____ No _____		English Language Proficiency Test Completed: Yes ___ No ___			
Length of time studying English		Most Recent Test Completed:			
		TOEFL <input type="checkbox"/>	Date: _____		
Where have you studied English?		IELTS <input type="checkbox"/>	Score(s):		
		MELAB <input type="checkbox"/>	Listening _____		
		TOEIC <input type="checkbox"/>	Reading _____		
		CanTEST <input type="checkbox"/>	Writing _____		
		CLBA <input type="checkbox"/>	Speaking _____		
		CELBAN <input type="checkbox"/>	Overall _____		
(Attach copy of most recent test completed)					
<i>Office Use:</i> Recommended for Program: Yes <input type="checkbox"/> No <input type="checkbox"/> Enroll Date _____ Application Information entered into Database: <input type="checkbox"/> Date: _____					



Registered Nurses
Professional Development Centre

Room 231C, Bethune Building
1278 Tower Road
Halifax, NS B3H 2Y9
Tel (902) 473-2175
Fax (902) 473-7590

Name: _____

1. Have you been interviewed by ISIS employment services?

___ Yes ___ No

If yes, employment counselor's name _____

2. Have you completed the program English for Internationally Educated Health Care Professionals?

___ Yes ___ No

3. How did you hear about this program?

4. Why do you want to take this program?

5. What do you want to learn from the orientation program? Please be specific.

6. Are you willing to have information about future programs mailed to you?

___ Yes ___ No

7. If you have any profession specific questions at this time, please list them below.