



**Government of
Saskatchewan**

**Skilled Worker
Application Form**

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

CATEGORY YOU ARE APPLYING UNDER:

Skilled Workers / Professionals

The Skilled Workers & Professionals category requires the following criteria be met prior to the application being considered for SINP nomination:

1. I have a permanent fulltime offer of employment. Yes No
2. The offer of employment is in an occupation that falls into the National Occupational Classification Matrix (<http://www23.hrdc-drhc.gc.ca/2001/e/generic/matrix.pdf>) level "A" or "B" or an equivalent apprenticeship-able trade in Saskatchewan. Yes No
 Position Title: _____ . NOC Code: _____ .
3. I have scored a minimum of 35 points on the SINP-400-1 Assessment Rating form. Yes No

Existing Work Permit

1. I have a Work Permit issued by Citizenship and Immigration Canada. Yes No
 Position Title: _____ . Authorization Number: BB _____ .
 Date Issued: _____ . Date of Expiry: _____ .
2. I have a permanent fulltime offer of employment from a Saskatchewan employer. Yes No
3. I have worked for the employer for six months Yes No
 Date Started: _____ .

Does your occupation require you to be approved by an occupational regulatory body before you can work in Saskatchewan? Yes No

If yes, which regulatory body: _____

If you have contacted the regulatory body and it has been determined that you do not qualify to work in Saskatchewan, please explain in detail how you will meet the regulatory requirements. _____

Please attach correspondence from the regulatory body supporting your ability to work in this occupation in Saskatchewan. SINP will contact the regulatory body to confirm they support your nomination.

I AM: The Applicant

IF YOU ARE NOT THE APPLICANT ARE YOU: A Consultant A Lawyer Other _____

NAME and ADDRESS: _____

HAS THE APPLICANT OR A FAMILY MEMBER ACCOMPANYING THE APPLICANT PREVIOUSLY APPLIED FOR ADMISSION TO CANADA AS AN IMMIGRANT: Yes No

If yes, please provide:

Immigration office contacted: _____

Date(s) of application: _____

Name(s) of applicant: _____

What Class/Category: Business Canadian Experience Family
 Skilled Workers Provincial Nominee Quebec

If Provincial Nominee, indicate Province of application: _____

Have you ever been refused a visa? Yes No

If your answer to this question is YES, provide details below.

PERSONAL INFORMATION		
1. a) Surname (family name):		b) Given name(s):
c) Full name in native language (for example, Arabic, Cyrillic, Korean, Japanese characters or Chinese commercial/telegraphic code)		
2. a) Date of birth (day/month/year):	b) Place of birth (city or town):	c) Country of birth:

3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Citizenship:																												
5. a) Mailing address:	b) Duration at this residence (years and months):																												
c) Address of residence (complete if mailing address is a post office box or different from place of residence):	d) Telephone number:																												
	e) Facsimile number:																												
f) E-mail address:																													
6. a) Current trade or profession:	b) Intended occupation in Saskatchewan:																												
c) NOC number :	Do you have an offer of employment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employer's name: _____																												
7. List those who will accompany the applicant to Canada (use a separate sheet if required):																													
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**Government of
Saskatchewan**

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- I authorize the SINP to disclose, as necessary, information collected from this application to officials in the Government of Saskatchewan, including but not limited to any ministries, agencies, boards and commissions, and to officials within the Government of Canada administering immigration, temporary foreign worker or other programs related to permanent residence or temporary residence.
- I authorize my employer(s) to provide details of our employment contract to the SINP and authorize the SINP to collect such information for the purpose of assessing this application.
- I understand the Government of Canada, including but not limited to any ministries, agencies, boards and commissions, may disclose, as necessary, information about me collected under the Immigration and Refugee Protection Act and its Regulations to the SINP.
- I understand the SINP may disclose, as necessary, information collected from this application to a contracted third party for the purpose of verifying and confirming my qualifications and background as per the contract. I understand that the information provided to the third party will be shared with their worksites in the required countries in order to perform this service. I understand that the verification and confirmation from the third party will be used by the SINP to assess this application.
- I understand the SINP and/or a contracted third party may contact previous institutions or employers I have identified to verify my qualifications, background and eligibility for the SINP. This information is collected for the purpose of assessing my SINP application.
- I understand the SINP may use information collected from this application and/or other sources for the purpose of evaluating provincial immigration programs of the Government of Saskatchewan. I also understand the SINP may disclose, as necessary, such information to officials of the Government of Saskatchewan including but not limited to any ministries, agencies, boards and commissions as well as a third party under contract by the SINP to conduct evaluations on behalf of the Government.
- I confirm my understanding of all the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.

Applicant Name (please print)

Applicant Signature

Date

I would like to be contacted with information about settlement programs and services of the Government of Saskatchewan. I understand that a third party may be used to provide information.



DECLARATION OF APPLICANT

- I declare that the information I have given in this application is truthful, complete and correct.
- I understand that any false statements or concealment of a material fact may result in my exclusion from Canada and may be grounds for my prosecution or removal.
- I understand all the foregoing statements, having asked for and obtained an explanation of every point that was not clear to me.

I have read and understand the above declaration

Applicant Name (please print)

Applicant Signature

Date