



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

8-10 digit number called UCI# or Client ID on study permit (no hyphens needed)

Select "Apply for a work permit for the first time or new employer" even if you already have an employer

If you do not have a family name on your passport, enter ALL your given name(s) here & leave the "given name" section blank

If you do not have a given name on your passport, leave this section blank & Do Not enter any other information such as "NA or Not Applicable"

Select "Student" as your status

Expiry date on your current study permit

Issue date on your "initial" study permit

Form with sections: 1 UCI, 2 I want service in, 3 I am applying for one or more of the following, PERSONAL DETAILS, 6 Citizenship, 7 Current country or territory of residence, 8 Previous countries or territories of residence, 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, c) Provide the name of your current Spouse/Common-law partner, d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident? FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

OFFICE USE ONLY Validated



Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

10 a) Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes	
b) Provide the following details for your previous Spouse/Common-law partner: Family name	
c) Type of relationship	
e) Date of Birth YYYY MM DD	
c) In which language are you most proficient in speaking, reading and writing? 1 * a) Native language/Mother Tongue <input type="checkbox"/> *b) Are you bilingual? <input type="checkbox"/> *Yes <input type="checkbox"/> *No	
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes	

If you do not hold a national identity document issued by your country, select "No". Do not input your BC ID, Driving License, passport or birth certificate numbers here ! If you are not sure, you may search on line or check with your government.

If you have taken IELTS or TOEFL, then select "Yes"

If there is no information on either issuance or expiry date on your National ID, leave blank here.

PASSPORT

1 * Passport number	2 * Country or territory of issue	3 * Issuance date YYYY-MM-DD
5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number?		
6 * For this trip, will you use a National Israeli passport? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		

Select the right answer here

NATIONAL IDENTITY DOCUMENT

1 Do you have a national identity document? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
2 Document number	3 Country or Territory of issue	4 Issue date	5 Expiry date M-DD	

This is the address where your co-op work permit will be mailed to. Make sure that this address is where you plan to live for at least a few months and is correct & complete. If you are moving to a different address, make necessary arrangements to receive your mail OR contact Canada Post for mail forwarding services.

You will not receive your mail if your address is not correct or updated. To check how to enter Canadian address, you can check Canada Post website.

Number that appears on your building

- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es)

1 Current mailing address				
P.O. box	Apt/Unit	Street no.	* Street name	
* City/Town		* Country or Territory Canada	* Province	
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes				
Apt/Unit	Street no.	Street name	3 Exp	
City/Town		Country or Territory Canada	Province	
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				
Type	Country Code	No.	Ext.	
4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				
Type	Country Code	No.	Ext.	
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				
Country Code	No.	Ext.	6 E-mail address	

Apartment #

Name of street where your apartment building or your house is located. Make sure to include suffixes such as "Street", "Avenue". Name of your street may include a number too.

Select appropriate option from the drop-down menu (ex. cellular)

Location of your original entry to Canada (City, Province). If you entered Canada in Vancouver International Airport, you can type "Vancouver, BC"

If you traveled outside Canada (even for a one-day trip to US) input the return date and the name of the city where you returned from your last trip

Number on top right corner of your study permit starting with a letter (e.g. F1122334455)

Select "Co-op Work Permit"

Your school is your employer

You do not need to fill out sections 3, 4, 5, 6 & 7 in this section only.

Enter the details of your "highest" level of post secondary education. If Douglas is your highest education, fill in your program information here

Answer Yes or No

Start employment section with "Student" as your main occupation, enter Douglas College information & continue your employment history from recent to old - if any

If you are currently working on your program, leave this blank

Date your program started

Date of expected program completion

2	* a) The original purpose for coming to Canada	* Date YYYY-MM-DD	* Place
3	Date and place of your most recent entry to Canada (if not the same as original entry)	Date YYYY-MM-DD	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

DETAILS OF INTENDED WORK IN CANADA

1	* a) What type of work permit are you applying for?	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)	Douglas College
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b)	Complete Address of Employer (Canadian or Foreign):	700 Royal Avenue, New Westminster, BC V3L 5B2
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3	Intended location of employment in Canada?	Province	City/Town	Ac
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4	My occupation in Canada will be:	Brief description of duties
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5	To	6	Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No.
	YYYY-MM-DD		

7	provide the:	ate
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8	Have you been issued a certificate under the Provincial Nominee program?	<input type="checkbox"/> * No	<input type="checkbox"/> * Yes
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EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? * No * Yes

If you answered "yes", give full details of your highest level of post secondary education

1	From	Field and level of study
	YYYY MM	
	To	City/Town
	YYYY MM	

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	* Province/State
	YYYY MM		

Applicant Name	Date of Birth
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EMPLOYMENT (CONTINUED)

2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town		Province/State
3	From YYYY MM	Previous Activity/Occupation		
	To YYYY MM	City/Town	Country or Territory	Province/State

Continue to include information about any type of work you have performed during the last 10 years including paid, unpaid, part-time or full-time and government positions.

BACKGROUND INFORMATION

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).

List any of your previous applications including refused ones, when and what type of visa you have applied to IRCC previously, this include initial study permit, Temporary Resident Visa (TRV), eTA, and co-op work permit and their extensions.

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.

Click "Yes"

For example: Applied for and granted a study permit in MM/YY. Renewed a study permit in MM/YY, applied for a new TRV in MM/YY, applied for extension of study permit in MM/YY.

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.

