



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

8 or 10 digit number referred to as UCI # or Client ID located on study permit (no hyphens)

an additional page containing the

Select "new employer" even if you already have an employer

it with your application.

1 UCI		2 * I want service in		OFFICE USE ONLY Validated	
3 I am applying for one or more of the following: <input type="checkbox"/> * Apply for a work permit with the same employer <input type="checkbox"/> * Restore my status as a worker <input type="checkbox"/> * Apply for a work permit for the first time or with a new employer <input type="checkbox"/> * Get a new temporary resident permit (for inadmissible applicants only)					
PERSONAL DETAILS					
1 Full name * Family name (as shown on your passport)		Given name(s) (as shown on your passport)			
2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.)		* No * Yes			
3 Sex F-Female, M-Male or X-Another gender		4 Date of birth * YYYY * MM * DD			
5 Place of birth * City/Town		* Country or Territory			
6 * Citizenship Country you were born in or issued your passport		7 Current country or territory of residence Country or Territory Status Other From To Canada Select "Student" here YYYY-MM-DD YYYY-MM-DD			
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? b) If you answered "yes" to question 8a), please provide details		* No * Yes			
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			
FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE					

Applicant Name

Date of Birth

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)

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

If you have taken IELTS,
then select "Yes"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

YYYY-MM-DD

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? ☐ *No ☐ *Yes6 * For this trip, will you use a National Israeli passport? ☐ *No ☐ *Yes**NATIONAL IDENTITY DOCUMENT**

1 Do you have a national identity document?

2 Document number

Issue date

Expiry date

YYYY-MM-DD

YYYY-MM-DD

If there is no issue /
expiry date on your ID,
leave these blank.If you do not hold a national identity
document issued by your home country,
select NO.If you have one, select YES and include the
details. This is NOT your BCID or Canadian
Driving License.**US PR CARD**1 Are you a lawful Permanent Resident of the U.S.? ☐ No ☐ * Yes

2 Document number

3 Expiry date

YYYY-MM-DD

This is where your new post-graduation work
permit will be mailed. Be sure this is an
address where you plan to be for at least
another 3-4 months.**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 their e-mail address.

1 Current mailing address

P.O. box

Apt/Unit

Street no.

* Street name

Apartment #

Name of street that your apartment
building or house is located on.
Make sure to include a street suffix,
such as "Street" and "Avenue".
Your street name may have a
number in it. (i.e 140th St.)

* City/Town

* Country or Territory

* Province

* Postal code

Canada

Number on your House or building

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

Apt/Unit

Street no.

Street name

City/Town

Country or Territory

Province

Postal code

Canada

3 Telephone no.

☐ Canada/US☐ Other

4 Alternate Telephone no.

☐ Canada/US☐ Other

Type

Country

Ext.

Type

Country Code

No.

Ext.

Select appropriate
option from drop down
menu (e.g. "Cellular")

5 Fax no.

☐ Canada/US

Country Code

No.

☐ Other

6 E-mail address

Communication/update
from IRCC will be sent
to this address

Applicant	<p>If you traveled outside Canada, enter the return date and the city you returned to Canada through, no matter how long your trip was. (For example, a day trip to the US should be reported too.)</p>		<p>Location of port of entry. If you entered Canada at Vancouver International Airport, you can type "Vancouver, BC"</p>		
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)		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?				
<p>Post-graduation work permit</p>					
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):					
<p>For post-graduation work permit, you DO NOT need to enter information for questions 2,3,4,5,6,7.</p>					
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 YYYY-MM-DD	To 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="checkbox"/> * No <input type="checkbox"/> * Yes				
EDUCATION					
Have you had any post secondary education (including university, college or apprenticeship training)? <input type="checkbox"/> * No <input type="checkbox"/> * Yes					
If you answered "yes", give full details of your highest level of post secondary education.					
1	From YYYY MM	Field and level of study	School/Facility name		
To YYYY MM		City/Town	Province/State		
<p>Enter the details of your highest level of post secondary education</p>					
<p>Enter information on Douglas College</p>					
EMPLOYMENT					
Give details of your employment (including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator))					
1	From * YYYY * MM	* Current Activity/Occupation	* Company/Employer/Facility name		
To YYYY MM		* City/Town	* Country or Territory	Province/State	
<p>Date of your program completion</p>					

For post-graduation work permit applicants, information in this section is not required.

PAGE OF

Applicant Name

Date of Birth

EMPLOYMENT (CONTINUED)

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

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?	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).		
	<div></div>		
2	a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	c) Have you previously applied to enter or remain in Canada?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
	d) If you answered "yes" to question 2a), 2b) or 2c), please provide details.	<div>Briefly explain when and what type of visa you have applied to IRCC previously, this include study permit, Temporary Resident Visa (TRV), eTA, and co-op work permit.</div> <div>For example: Applied for and was granted a study permit in MM/YY. Applied for a TRV in MM/YY. Renewed a study permit in MM/YY and applied for a new TRV in MM/YY. TRV issued in MM/YY.</div>	
3	a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	b) If you answered "yes" to question 3a), please provide details.		
<div></div>			

Applicant Name

Date of Birth

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 information from other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you.

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 form.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

IMPORTANT NOTE:

This application must be signed and dated before you proceed to the next page. Do not forget to include photos, fees (if applicable) and provided all of the required documents as per the document checklist.

As you upload all the documents and proceed to the next page in your online account, you will be asked to type your name, select "I agree", and answer a security question. It is considered that you electrically signed the document.

DISCLOSURE

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) and the Immigration and Refugee Regulations (IRR). It may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part 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.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Validate

Click on "validate" button and a bar code will be generated. Save the form after validating.

