

PRE- ITA QUESTIONNAIRE

Kindly complete this Pre-ITA Questionnaire within the next 5 days and notify your Relationship manager to ensure the swift processing of your application.

Email *

timileyinadenike49@gmail.com

FULL NAMES: *

GBOLAGADE TOBILOBA RACHAEL

DATE OF BIRTH: *

MM DD YYYY

07 / 27 / 1992

PHONE NUMBER: *

08133288856

MARITAL STATUS: *

MARRIED

IF MARRIED, PLEASE PROVIDE THE YEAR OF MARRIAGE *

2020

FAMILY SIZE (INCLUSIVE OF THE PRIMARY APPLICANT) *

4

DETAILS OF ANY PREVIOUS MARRIAGES *

NONE

RESIDENTIAL ADDRESS AND MAILING ADDRESS: *

NO 10, AGWU AVENUE, ORIBANWA PHASE 2, LAKOWE LAGOS.

NATIONALITY: *

NIGERIAN

DETAILS OF OTHER NATIONALITY *

NONE

DETAILS OF ALL LANGUAGE TESTS (IELTS/TEF) DONE WITH SCORES AND TEST DATE: *

NONE

DETAILS OF ANY PREVIOUS WORK/STUDY IN CANADA: *NONE
.....**DETAILS OF CANADIAN DEGREE OBTAINED (For yourself and spouse if married): ***NONE
.....**DETAILS OF ANY PREVIOUS CANADIAN VISA APPLICATIONS. (For yourself and spouse if married): ***NONE
.....**DO YOU OR YOUR SPOUSE HAVE RELATIVES IN CANADA WHO ARE CANADIAN CITIZENS OR PERMANENT RESIDENTS? ***☐ Yes☒ No**IF YES WHAT IS YOUR RELATIONSHIP WITH THEM ***☐ Sibling☐ Parent☐ Child☒ Not Applicable

WHERE DO THEY RESIDE IN CANADA *NONE
.....**ARE YOU SELF EMPLOYED ***☒ Yes☐ No**DETAILS OF YOUR EMPLOYMENT FOR THE PAST 10 YEARS. (For yourself and spouse if married): ***SELF
.....**HAVE YOU OR YOUR SPOUSE SPENT MORE THAN 6MONTHS IN ANOTHER COUNTRY. (If yes, Kindly specify the country & duration of stay) ***NO
.....**HAVE YOU OR YOUR SPOUSE BEEN BANNED FROM ANY COUNTRY (IF YES, KINDLY SPECIFY THE COUNTRY, REASON FOR BAN & DATE OF BAN) ***NO
.....**HAVE YOU OR YOUR SPOUSE BEEN DENIED VISA TO ANY COUNTRY (IF YES, KINDLY SPECIFY THE COUNTRY, REASON FOR DENIAL, TYPE OF VISA AND DATE OF DENIAL) ***NO
.....

DETAILS OF ANY VALID JOB OFFER IN CANADA OR PROVINCIAL NOMINATION. *NO
.....**DETAILS OF YOUR ACADEMIC QUALIFICATIONS -FROM SECONDARY SCHOOL TO HIGHEST DEGREE OBTAINED. (For yourself and spouse if married) *****DEGREE:****NAME OF INSTITUTION:****START DATE (MM/YYYY):****END DATE (MM/YYYY) :**

SECONDARY SCHOOL

NAME:ABUNDANT MODEL SCHOOL, ORITA-MERIN, IBADAN (WAEC)

2009

UNIVERSITY

NAME: EKITI STATE UNIVERSITY (EDUCATION GUIDANCE AND COUNSELLING) B.ED

2011-2015
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