



SCHEDULE 16

CARING FOR PEOPLE WITH HIGH MEDICAL NEEDS CLASS

The principal applicant must complete this form.

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print your name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

1. Your full name

Family Name

Given Name(s)

2. Your date of birth

| Year | | | Month | | Day | |
|------|--|--|-------|--|-----|--|
| | | | | | | |

3. Language proficiency

a) Which will be your first official language in Canada?

☐ English ☐ French

b) Have you taken a test designated by CIC to assess your proficiency in that language?

☐ Yes ► Provide **original** language test results for speaking, listening, reading and writing.

☐ No

4. Work Experience in Canada

a) Have you previously worked in Canada on a full-time basis (at least 30 hours/week) for at least two years within the last four years in an eligible occupation?

☐ Yes ► Provide evidence.

☐ No

b) Starting with your current occupation, list all your occupations within the four years preceding the date of your application. For each occupation, identify the dates of your employment, your occupation title, the appropriate four-digit National Occupational Classification (NOC) code, the name of your employer, a description of your main duties and your weekly hours.

Note: only Home support workers and related occupations are eligible to apply under NOC 4412. Housekeepers and related occupations are not eligible to apply.

| From | | | To | | | Weekly Hours | Occupation Title |
|------|----|----|------|----|----|--------------|------------------|
| YYYY | MM | DD | YYYY | MM | DD | | |
| | | | | | | | |

National Occupational Classification (NOC) Code

Name of employer

Description of main duties

4. Work Experience in Canada (continuation)

| From | | | To | | | Weekly Hours | Occupation Title |
|------|----|----|------|----|----|--------------|------------------|
| YYYY | MM | DD | YYYY | MM | DD | | |
| | | | | | | | |

National Occupational Classification (NOC) Code

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Name of employer

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Description of main duties

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| From | | | To | | | Weekly Hours | Occupation Title |
|------|----|----|------|----|----|--------------|------------------|
| YYYY | MM | DD | YYYY | MM | DD | | |
| | | | | | | | |

National Occupational Classification (NOC) Code

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Name of employer

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Description of main duties

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| From | | | To | | | Weekly Hours | Occupation Title |
|------|----|----|------|----|----|--------------|------------------|
| YYYY | MM | DD | YYYY | MM | DD | | |
| | | | | | | | |

National Occupational Classification (NOC) Code

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|--|--|--|--|
| | | | |
|--|--|--|--|

Name of employer

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Description of main duties

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5. Licensure in Canada

Are you applying in one of the following two occupations: NOC 3012 - Registered nurses and registered psychiatric nurses or NOC 3233 – Licensed practical nurses?

- ☐ Yes ► Provide proof of registration with the appropriate regulatory body, as required, in your province/territory.
- ☐ No ►

6. Canadian Educational Credential OR Educational Credential Assessment (ECA) Report

Do you have a Canadian one-year post-secondary educational credential (or higher)?

- ☐ Yes ► Provide a copy of your completed Canadian post-secondary educational credential.
- ☐ No ► Have you obtained an ECA report from an organization designated by CIC indicating that your completed foreign educational credential is equivalent to a completed Canadian one-year post-secondary educational credential (or higher)?
- ☐ Yes ► Provide an **original** ECA report from the designated organization and proof of your completed foreign educational credential.
- ☐ No

Signature

Year Month Day