

## **SCHEDULE 15 CARING FOR CHILDREN 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.	our full name							
	Family Name							
	Given Name(s)							
2.	Your date of birth	Month Day						
3.	Language proficiency a) Which will be your first official language in C	anada?						
	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.							
	From To	Westletterns	Occupation Title					
	YYYY MM DD YYYY MM DD	Weekly Hours	Occupation Title					
	National Occupational Classification (NOC)	Code						
	Name of employer							
	Description of main duties							



4.	Work Experience in Canada (continuation)									
	From YYYY   MM   DD	To  YYYY   MM   DD	Weekly Hours	Occupation Ti	tle					
	National Occupationa	l Classification (NOC)	Code							
	Name of employer									
	Description of main duties									
	From  YYYY   MM   DD	To  YYYY   MM   DD	Weekly Hours	Occupation Ti	tle					
	National Occupationa	l Classification (NOC)	Code							
	Name of employer									
	Description of main duties									
	From	То								
	YYYY MM DD	YYYY MM DD	Weekly Hours	Occupation Ti	tle					
	National Occupational Classification (NOC) Code									
	Name of employer									
	Description of main duties									
5.	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.									
	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 desig	nated organization and proof of your completed	foreign education	al credentia	al.			
Sign	ature									
					Year	Month	Day			