



## GLOBAL TALENT STREAM APPLICATION

Employers should visit the [Temporary Foreign Worker \(TFW\) Program website](#), to verify that the Program is accepting applications for the specific occupation or sector for which they wish to hire the temporary foreign worker (TFW) and to determine if they are eligible to participate in the Program.

### Privacy Notice Statement

The personal information that you provide is collected by Employment and Social Development Canada (ESDC) under the authority of the *Immigration and Refugee Protection Act* (IRPA) and the *Immigration and Refugee Protection Regulations* (IRPR), for the purpose of administering and enforcing the TFW Program.

The information that you provide may be shared with: Immigration, Refugees and Citizenship Canada and the Canada Border Services Agency for the administration and enforcement of the TFW Program and IRPA/IRPR; the Canada Revenue Agency for the administration and enforcement of the TFW Program; and, provincial/territorial governments for the administration and enforcement of provincial/territorial legislation and programs. The information may also be used by ESDC for research and evaluation purposes and to support the administration or enforcement of other programs in ESDC, including Service Canada and the Labour Program.

This information may also be shared with any Party identified by the employer on the LMIA application form or in the employment agreement.

Your personal information is administered in accordance with the IRPA, IRPR, the Privacy Act, the Department of Employment and Social Development Act (DESDA) and other applicable laws. You have the right to the protection of, access to, and correction of your personal information, which is described in Personal Information Banks: TFWP ESDC PPU 440 and TFWP Employer Compliance Reviews and Inspections ESDC PPU 715. Instructions for obtaining this information are outlined in the [Treasury Board of Canada Secretariat website](#).

This website may also be accessed on-line at any Service Canada Centre. You have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of your personal information on the [Office of the Privacy Commissioner of Canada website](#).

A person, who contravenes a provision set out under sections 126 or 127 of the *Immigration and Refugee Protection Act* (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years.

### SECTION 1: GLOBAL TALENT STREAM ELIGIBILITY

Does the occupation of the position(s) you are seeking to fill appear on the Global Talent Occupations List that has been published on the TFW Program website?

☐ Yes - skip to Section 2      ☐ No - Proceed to next question

Are you an innovative employer referred to the Global Talent Stream by an ESDC Designated Referral Partner?

☐ Yes      ☐ No - you are not eligible to apply for an LMIA using this Global Talent Stream LMIA application form. Please visit the TFW Program website for further information on other program streams.

### DESIGNATED REFERRAL PARTNER CONTACT INFORMATION

Designated Referral Partner Organization Name:

### PRINCIPAL DESIGNATED REFERRAL PARTNER CONTACT INFORMATION

First Name:      Middle Name:      Last Name:

Telephone Number:      Ext.:      Alternate Telephone Number:      Ext.:      Fax Number:

E-mail Address:

Preferred Official Language of Oral Communication:

English      French

Preferred Official Language of Written Communication:

English      French

### ALTERNATE DESIGNATED REFERRAL PARTNER CONTACT INFORMATION

First Name:      Middle Name:      Last Name:

Telephone Number:      Ext.:      Alternate Telephone Number:      Ext.:      Fax Number:

E-mail Address:

Preferred Official Language of Oral Communication:

English      French

Preferred Official Language of Written Communication:

English      French

**SECTION 2: EMPLOYER BUSINESS INFORMATON**

Canada Revenue Agency Payroll deductions program account number (15 digits):

RP

Business Legal Name

Business Address:

Line 1 :

City:

Province/Territory/State:

Line 2 :

Country:

Postal/Zip Code:

Mailing Address (if different from business address):

Line 1 :

City:

Province/Territory/State:

Line 2 :

Country:

Postal/Zip Code:

Website Address:

Date business started (YYYY-MM-DD):

Organization type and structure (select all that apply):

Business: ☐ sole proprietorship ☐ partnership ☐ corporation ☐ co-operative Other: ☐ non-profit ☐ registered charity

How many employees are employed nationally under the employer's Canada Revenue Agency business number?

What is the annual gross revenue of the business (in \$CAD)

Does your business receive support through Employment and Social Development Canada's Work-Sharing Program?

☐ No ☐ Yes If yes, provide details:**SECTION 3: EMPLOYER CONTACT INFORMATION****PRINCIPAL EMPLOYER CONTACT INFORMATION**

Job Title:

First Name:

Middle Name:

Last Name:

Telephone Number:

Ext.:

Alternate Telephone Number:

Ext.:

Fax Number:

E-mail Address:

Preferred Official Language of Oral Communication:

English

French

Preferred Official Language of Written Communication:

English

French

**ALTERNATE EMPLOYER CONTACT INFORMATION**

Job Title:

First Name:

Middle Name:

Last Name:

Telephone Number:

Ext.:

Alternate Telephone Number:

Ext.:

Fax Number:

E-mail Address:

Preferred Official Language of Oral Communication:

English

French

Preferred Official Language of Written Communication:

English

French

**SECTION 4: THIRD-PARTY INFORMATION**

Are you appointing a third-party to represent you in completing this application or to provide advice in an immigration process?

☐ Yes - If yes, continue completing **Section 4: Third-Party Information**☐ No - If no, skip to **Section 5: Job Offer Details**

Canada Revenue Agency Payroll deductions program account number (15 digits):  RP					
Business Legal Name:		Business Operating Name (if different from Legal Name):			
<b>THIRD-PARTY CONTACT INFORMATION</b>					
Job Title:		First Name:	Middle Name: Last Name:		
Telephone Number:	Ext.:	Alternate Telephone Number:	Ext.: Fax Number:		
E-mail Address:					
Preferred Official Language of Oral Communication: English French		Preferred Official Language of Written Communication: English French			
Business address: Line 1:		City:	Province/Territory/State:		
Line 2:		Country:	Postal/Zip Code:		
Mailing Address (if different from business address): Line 1:		City:	Province/Territory/State:		
Line 2:		Country:	Postal/Zip Code:		
<p>Is the third-party being paid by the employer to represent them for the purpose of obtaining this Labour Market Impact Assessment (LMIA)?:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Yes - If yes, which one applies to the Third-Party?</p> <p>A member of the Immigration Consultants of Canada Regulatory Council (ICCRC) Membership ID: _____</p> <p>A member of the law society of the following province/territory _____ Membership ID: _____</p> <p>the <i>Chambre des notaires du Québec</i> Membership ID: _____</p> <p>Other (please describe): _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>No - If no, which one applies from these options?</p> <p>a family member or a friend</p> <p>a member of a non-governmental or a religious organization</p> <p>a member in good standing of the Immigration Consultants of Canada Regulatory Council (ICCRC), a provincial or territorial law society or the <i>Chambre des notaires du Québec</i> doing pro-bono work</p> <p>Other (please describe): _____</p> </td> </tr> </table>				<p>Yes - If yes, which one applies to the Third-Party?</p> <p>A member of the Immigration Consultants of Canada Regulatory Council (ICCRC) Membership ID: _____</p> <p>A member of the law society of the following province/territory _____ Membership ID: _____</p> <p>the <i>Chambre des notaires du Québec</i> Membership ID: _____</p> <p>Other (please describe): _____</p>	<p>No - If no, which one applies from these options?</p> <p>a family member or a friend</p> <p>a member of a non-governmental or a religious organization</p> <p>a member in good standing of the Immigration Consultants of Canada Regulatory Council (ICCRC), a provincial or territorial law society or the <i>Chambre des notaires du Québec</i> doing pro-bono work</p> <p>Other (please describe): _____</p>
<p>Yes - If yes, which one applies to the Third-Party?</p> <p>A member of the Immigration Consultants of Canada Regulatory Council (ICCRC) Membership ID: _____</p> <p>A member of the law society of the following province/territory _____ Membership ID: _____</p> <p>the <i>Chambre des notaires du Québec</i> Membership ID: _____</p> <p>Other (please describe): _____</p>	<p>No - If no, which one applies from these options?</p> <p>a family member or a friend</p> <p>a member of a non-governmental or a religious organization</p> <p>a member in good standing of the Immigration Consultants of Canada Regulatory Council (ICCRC), a provincial or territorial law society or the <i>Chambre des notaires du Québec</i> doing pro-bono work</p> <p>Other (please describe): _____</p>				
<b>SECTION 5: JOB OFFER DETAILS</b>					
<p>In this section, please provide details about the job offer and the position (with the same duration, wage, job description, and work location) for which the employer is requesting a TFW or TFW(s).</p> <p><b>Note:</b> If the employer is applying for additional occupations at this time, or for any TFWs with different wage rates within the same position, they must complete an <b>Annex 1: Additional Occupation</b> for each additional occupation or position with a different wage that must be assessed.</p>					
Job Title:		Suggested National Occupational Classification (NOC):			
How many TFWs is the employer requesting for this job offer and position (with same duration, wage, job description, work location, etc.)?					

Main duties of the job:	
Expected employment start date (YYYY-MM-DD):	Expected employment duration: <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> day(s)           <input type="checkbox"/> week(s)           <input type="checkbox"/> month(s)           <input type="checkbox"/> year(s)         </div>
Employment duration rationale:	
<b>Note: 2 years is the maximum duration of employment for Labour Market Impact Assessments issued under the Global Talent Stream</b>	
Is the position part of a union? <div style="display: flex; justify-content: space-around;"> <span>No</span> <span>Yes</span> </div>	
Indicate the language requirement stated in the offer of employment:  <input type="checkbox"/> The offer of employment requires the ability to communicate orally in: <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <input type="checkbox"/> English           <input type="checkbox"/> French           <input type="checkbox"/> English <u>and</u> French         </div> <input type="checkbox"/> The offer of employment requires the ability to communicate in writing in: <div style="display: flex; justify-content: space-around; margin-left: 40px;"> <input type="checkbox"/> English           <input type="checkbox"/> French           <input type="checkbox"/> English <u>and</u> French         </div> <input type="checkbox"/> The offer of employment does not require the ability to communicate in any specific language. If this option is selected, please provide a rational :    <input type="checkbox"/> The offer of employment requires the ability to communicate in a language other than English and French. If this option is selected, identify the specific language needed and clearly describe why this is a bona fide employment requirement for performing the duties associated with the employment (if insufficient space, attach a separate signed and dated sheet):   	
Minimum education requirements of the job:  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Doctorate/PhD</div> <div style="width: 33%;"><input type="checkbox"/> Doctor of Medicine</div> <div style="width: 33%;"><input type="checkbox"/> Master's degree</div> <div style="width: 33%;"><input type="checkbox"/> Bachelor's degree</div> <div style="width: 33%;"><input type="checkbox"/> College level diploma/certificate</div> <div style="width: 33%;"><input type="checkbox"/> Apprenticeship diploma/certificate</div> <div style="width: 33%;"><input type="checkbox"/> Trade diploma/certificate</div> <div style="width: 33%;"><input type="checkbox"/> Secondary school</div> <div style="width: 33%;"><input type="checkbox"/> Vocational school diploma/certificate</div> <div style="width: 33%;"><input type="checkbox"/> No formal education requirement</div> </div> Additional Information:	
Minimum experience/skills requirements of the job: (include years of experience and/or occupational designations such as CA, CMA, CGA, R.N., P. Eng)	
Have you tried to recruit Canadians/permanent residents prior to submitting your application for this job?  <input type="checkbox"/> Yes - Please describe your efforts to recruit Canadians/permanent residents:           <input type="checkbox"/> No - Please explain why you have not attempted to recruit Canadians/permanent residents:	

Were any employees working in the position being requested in this application laid off by the employer in the last 12 months?

☐ No ☐ Yes If yes, how many Canadians/permanent residents? \_\_\_\_\_ How many TFWs? \_\_\_\_\_

Reason(s) for layoff(s) and positions affected:

Will the hiring of the TFW in the position being requested in this application lead to job losses or a reduction in work hours due to layoffs, now or in the foreseeable future, for Canadian/permanent resident employees in your workforce or in the Canadian workforce more generally? This includes job losses or reductions in work hours for Canadian/permanent resident employees resulting from outsourcing, off-shoring or other factors related to employing the TFW in the position being requested in this application. For the definition of outsourcing and off-shoring, see the applicant guide.

☐ No ☐ Yes If yes, provide details on the impact of hiring this TFW on your workforce and the Canadian workforce more generally:

## SECTION 6: COMPENSATION AND BENEFITS

What is the wage range for all employees currently working in this same occupation, with the same skills and years of experience, at this work location?

Low-wage: \$ \_\_\_\_\_ /hour High-wage: \$ \_\_\_\_\_ /hour

OR ☐ There are no employees currently working in this occupation at this work location

**Note:** The wage range should be from the last two pay periods that have occurred within the six weeks prior to submitting the application.

Is the job offer for full-time employment (at least 30 hours of work per week) throughout the duration of employment covered by the LMIA?

☐ Yes ☐ No If no, explain:

How many hours will the TFW work each day?	How many hours will the TFW work each (choose one)? Week: _____ Month: _____
<p>What is the regular (non-overtime) wage in Canadian dollars per hour being offered to the TFW?</p> <p>\$ per hour (mandatory) _____</p> <p><b>Note:</b> Employers must provide the calculation of an hourly wage in Canadian dollars, even if the position is salaried or paid in foreign currency.</p>	<p>What is the overtime wage in Canadian dollars per hour being offered to the TFW (if applicable)?</p> <p>Overtime rate of \$ per hour: _____</p> <p>Starting after: _____ hours per day</p> <p style="text-align: center;"><b>OR</b></p> <p>_____ hours per week</p>

Did you convert the wage from a monthly or yearly salary, or a currency other than Canadian dollars, or both?

☐ No ☐ Yes If yes, provide calculations used to obtain hourly Canadian dollar wage:

Benefits:

☐ Disability Insurance ☐ Dental Insurance ☐ Pension ☐ Extended medical insurance (e.g. prescription drugs, paramedical services, medical services and equipment)

Other benefits (specify):

Vacation (if applicable):

Days \_\_\_\_\_ (number of business days per year) Remuneration: \_\_\_\_\_ (% of gross salary)

**SECTION 7: WORK LOCATION**

Describe in your own words and in as much details as possible the principal business activity at this work location:

Business operating name of this work location:

**PRIMARY WORK LOCATION**

Provide the exact location of the TFW(s) primary work location:

City:	Province/Territory:	Postal Code:
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**OTHER WORK LOCATION(S)**

Provide the exact location of any other work locations for this job offer (attach a separate page if required):

City:	Province/Territory:	Postal Code:
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Is there a labour dispute in progress at any of the job offer work locations?

☐ No    ☐ Yes    If yes, provide details regarding the labour dispute:

**SECTION 8: LABOUR MARKET BENEFITS**

Does your organisation have an active Labour Market Benefits Plan?

☐ No,      If no, proceed to next section

☐ Yes,      If yes, proceed to section 11 Signature of Employer

**SECTION 9: MANDATORY LABOUR MARKET BENEFIT (FOR FIRST GLOBAL TALENT APPLICATION ONLY)**

All employers applying under the Global Talent Stream for the first time must complete **Section 9: Mandatory Labour Market Benefit** and **Section 10: Complementary Labour Market Benefits**.

**Important:** Employers who have already completed these sections, and are submitting a subsequent application under the Global Talent Stream, are not required to complete them again.

In this section, you must choose the appropriate mandatory benefit from the list of mandatory benefits available in the Global Talent Applicant Guide. You must also describe the activities/milestones and targets that you will use to achieve the benefit.

Which mandatory benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the mandatory benefit:

Activity/Milestone	Target	Start Date	End Date

**SECTION 10: COMPLEMENTARY LABOUR MARKET BENEFITS (FOR FIRST GLOBAL TALENT APPLICATION ONLY)**

In this section, you must choose at least two complementary benefits from the list of benefits in the Global Talent Applicant Guide, or create your own. For each benefit selected, you must describe the activities/milestones/benchmarks you will undertake to achieve the benefit.

**Complementary Benefit # 1**

Which complementary benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the complementary benefit:

Activity/Milestone	Target	Start Date	End Date

**Complementary Benefit # 2**

Which complementary benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the complementary benefit:

Activity/Milestone	Target	Start Date	End Date

**Complementary Benefit # 3**

Which complementary benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the complementary benefit:

Activity/Milestone	Target	Start Date	End Date

**Complementary Benefit # 4**

Which complementary benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the complementary benefit:

Activity/Milestone	Target	Start Date	End Date

**Complementary Benefit # 5**

Which complementary benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the complementary benefit:

Activity/Milestone	Target	Start Date	End Date

**Complementary Benefit # 6**

Which complementary benefit will be achieved by hiring a TFW for the position identified in this application?

Please list the activities/milestones/targets that will be used to achieve the complementary benefit:

Activity/Milestone	Target	Start Date	End Date



## SECTION 11: SIGNATURE OF EMPLOYER

The individual signing this form must have authority for either the hiring or financial decisions of the organization (e.g. owner, franchisee, general manager, or senior executive - such as VP Human Resources).

I have read and I understand the Privacy Notice Statement found at the beginning of this application.

I declare that the information provided in this Labour Market Impact Assessment application is true, accurate and complete.

By signing this document I attest that I have read and understood the Privacy Notice Statement found at the beginning of this application; that the information provided in this Labour Market Impact Assessment application is true, accurate and complete; and I will comply with all [Temporary Foreign Worker Program](#) requirements as laid out, the *Immigration and Refugee Protection Act*, and the *Immigration and Refugee Protection Regulations*.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of the Employer

\_\_\_\_\_  
Title of Employer

\_\_\_\_\_  
Date (YYYY-MM-DD)

**A person, who contravenes a provision set out under sections 126 or 127 of the Immigration and Refugee Protection Act (misrepresentation), could be liable to a fine or to imprisonment, or to both. Also, providing inaccurate information, in the context of this application, may lead to an administrative penalty such as being ineligible to access the Program for a period of two years.**

## SECTION 11a: DECLARATION OF THE THIRD-PARTY REPRESENTATIVE

I, hereby, declare that the information in **Section 4: THIRD-PARTY INFORMATION** is true, accurate and complete.

\_\_\_\_\_  
Signature of the Third-party Representative

\_\_\_\_\_  
Printed name of the Third-party Representative

\_\_\_\_\_  
Date (YYYY-MM-DD)

## SECTION 11b : APPOINTMENT OF THIRD-PARTY (IF APPLICABLE)

### FOR THE PURPOSE OF THIS LABOUR MARKET IMPACT ASSESSMENT APPLICATION:

I, hereby, appoint the third-party named in **SECTION 4: THIRD-PARTY INFORMATION** as my representative to act on my behalf in order to obtain a Labour Market Impact Assessment from ESDC/Service Canada in order to hire a foreign national for the position described above.

I, hereby, agree to ratify and confirm all that my third-party representative shall do or cause to be done by virtue of this appointment.

This appointment shall remain in full force and effect only for the processing of this application, unless due notice in writing of its revocation has been given to ESDC/Service Canada.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of Employer

\_\_\_\_\_  
Date (YYYY-MM-DD)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Date (YYYY-MM-DD)

**Please complete the**  
**Labour Market Impact Assessment -**  
**Processing Fee Payment Form**

**Printed on next page**

## LABOUR MARKET IMPACT ASSESSMENT - PROCESSING FEE PAYMENT FORM TEMPORARY FOREIGN WORKER PROGRAM

Employers must pay a processing fee for each position requested, except applications that involve on-farm primary agriculture occupations such as farm managers/supervisors and specialized livestock workers and general farm workers, nursery and greenhouse workers and harvesting labourers (specifically NOC codes 0821, 0822, 8252, 8255, 8431, 8432 and 8611), and those solely to support a foreign national's immigration application.

The total processing fee must be paid before the employer's LMIA application can be processed.

### Step 1 - Complete employer information section:

<b>Employer Business Name:</b>	
<b>Canada Revenue Agency Business Number:</b> <i>(The 15 digits are mandatory for Canadian employers)</i>	

### Step 2 - Calculate total labour market impact assessment processing fee in Canadian dollars:

Number of positions requested \_\_\_\_\_ X \$1,000 = TOTAL, processing fee payment of \$ CAD \_\_\_\_\_

### Step 3 - Select method of payment:

- ☐ Certified cheque or money order (postal or bank) made payable to the Receiver General for Canada
- ☐ Credit Card (Visa, MasterCard or American Express)

For payment by credit card, complete and sign this section

CREDIT CARD INFORMATION AND PAYMENT AUTHORIZATION			
Name of cardholder (as it appears on the credit card):	Employer primary contact name:		
Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Last 4 digits of credit card:		
<b>AUTHORIZATION:</b> I authorize ESDC/Service Canada in the name of the Receiver General for Canada to charge _____ \$ CAD to my credit card This is permission for a single transaction, and does not provide authorization for any additional charges.			
Signature of cardholder:	Date :	YYYY	MM
		DD	

**Send this Form to Service Canada only**

#### Note:

Refunds will only be provided if a fee was collected in error (e.g. an incorrect fee amount was processed). There will not be refunds in the event of a negative labour market impact assessment since the fee covers the process to assess an application and not the outcome.



**To be destroyed after processing**

Credit card number:	Expiry date:	MM	YYYY
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## TEMPORARY FOREIGN WORKER INFORMATION TEMPLATE

**Complete and attach with your application the names of the Temporary Foreign Workers. If the names of the TFWs have not been identified yet, leave the Template blank. If you need more room than provided below, please attach additional sheets to identify additional workers.**

**Note:**

After the positive LMIA letter and annexes have been issued, six months will be allocated to the:

- Employer to provide ESDC/Service Canada with the names of the TFWs; and
- TFWs to submit an application for a work permit to Immigration, Refugees and Citizenship Canada (IRCC).

**WORKER #1**

Last Name (as shown on the individual's passport):		First Name(s) (as shown on the individual's passport):	
Gender:  Male                  Female	Date of birth (YYYY-MM-DD)	Citizenship(s):	
Location of primary residence outside Canada:		Location of residence if TFW is currently in Canada:	
City:		City:	
Country:		Country:	
<p>If the TFW is currently in Canada, please indicate their immigration status:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Temporary Foreign Worker   <input type="checkbox"/> Student         </div> <div> <input type="checkbox"/> Visitor   <input type="checkbox"/> Refugee Claimant         </div> </div>			

**WORKER #2**

Last Name (as shown on the individual's passport):		First Name(s) (as shown on the individual's passport):	
Gender:  Male                  Female	Date of birth (YYYY-MM-DD)	Citizenship(s):	
Location of primary residence outside Canada:		Location of residence if TFW is currently in Canada:	
City:		City:	
Country:		Country:	
<p>If the TFW is currently in Canada, please indicate their immigration status:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Temporary Foreign Worker   <input type="checkbox"/> Student         </div> <div> <input type="checkbox"/> Visitor   <input type="checkbox"/> Refugee Claimant         </div> </div>			

**WORKER #3**

Last Name (as shown on the individual's passport):		First Name(s) (as shown on the individual's passport):	
Gender:  Male                  Female	Date of birth (YYYY-MM-DD)	Citizenship(s):	
Location of primary residence outside Canada:		Location of residence if TFW is currently in Canada:	
City:		City:	
Country:		Country:	
<p>If the TFW is currently in Canada, please indicate their immigration status:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Temporary Foreign Worker   <input type="checkbox"/> Student         </div> <div> <input type="checkbox"/> Visitor   <input type="checkbox"/> Refugee Claimant         </div> </div>			

WORKER #4		
Last Name (as shown on the individual's passport):		First Name(s) (as shown on the individual's passport):
Gender: Male      Female	Date of birth (YYYY-MM-DD)	Citizenship(s):
Location of primary residence outside Canada:		Location of residence if TFW is currently in Canada:
City:		City:
Country:		Country:
If the TFW is currently in Canada, please indicate their immigration status: <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Refugee Claimant		
WORKER #5		
Last Name (as shown on the individual's passport):		First Name(s) (as shown on the individual's passport):
Gender: Male      Female	Date of birth (YYYY-MM-DD)	Citizenship(s):
Location of primary residence outside Canada:		Location of residence if TFW is currently in Canada:
City:		City:
Country:		Country:
If the TFW is currently in Canada, please indicate their immigration status: <input type="checkbox"/> Temporary Foreign Worker <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Refugee Claimant		