

GENERIC APPLICATION FORM FOR MANITOBA

APPLICATION DETAILS

Applicants must be skilled workers employable in Manitoba based on documented work experience, education, language ability and adaptability as explained on MPNP website, immigratemanitoba.com.

Office use

Applicant name		Date of birth
Occupation	Number of years worked in occupation in past 5 years _____ in past 10 years _____	
Destination Community	IELTS score (International English Language Testing System) <input style="width: 40px; height: 20px;" type="text"/>	
Language for correspondence English _____ French _____	Number of family members, including you, included in this application <input style="width: 40px; height: 20px;" type="text"/>	

CONNECTION TO MANITOBA

Applicants must have the intention and ability to economically establish themselves and their families in Manitoba as permanent residents based, in part, on a Connection to Manitoba demonstrated by supporting documents. Select one category (only).

1. MANITOBA EMPLOYMENT

 Temporary Foreign Worker

 International Student graduate

Required documents:

- valid temporary work permit
- job offer letter from Manitoba employer

Required documents:

- valid post-graduation work permit
- Manitoba post-secondary education certificate
- job offer letter from Manitoba employer

2. MANITOBA SUPPORT

 Minimum Criteria plus endorsed Settlement Plan

 General points plus endorsed Settlement Plan

Required documents:

- Settlement Plan Part 2 endorsed by close relative
- proof of relationship to close relative
- proof of close relative's Manitoba residency

Required documents:

- Settlement Plan Part 2 endorsed by friend/relative
- proof of friend or relative's Manitoba residency
- if close relative*, proof of relationship

3. MANITOBA EXPERIENCE

 General points plus Manitoba job experience

 General points plus Manitoba school experience

Required documents:

- proof of six months full-time work experience in Manitoba

Required documents:

- proof of completed education program in Manitoba

4. MANITOBA INVITATION

 Exploratory Visit

 Recruitment Mission

Required documents:

- MPNP Letter of Invitation

Required documents:

- MPNP Letter of Invitation

CONTACT INFORMATION

All correspondence will go to this address. We recommend you use a local contact. (You must authorize release of information on MAPP SCHEDULE 1.)

Full name of contact person				This person is: <input type="checkbox"/> Applicant <input type="checkbox"/> Manitoba Supporter <input type="checkbox"/> Paid representative	
PO box	Apt./Unit	Street no.	Street name		
City/town		Province/state	Country	Postal code	
Telephone no. Include country code + area code			E-mail		

PERSONAL INFORMATION**Required documents**

Include copies of official documents proving information stated for each person (applicant, spouse, dependants).

- **Identification:** birth certificate; passport (including photo and detail pages, plus visas if country of residence differs from country of citizenship)
- **Marital status:** marriage/divorce/death certificates, separation agreement, documents showing common-law relationship of at least one year
- **Dependants:** birth certificates must show names of both parents; adoption papers; custody agreements for children of divorce/separation

Applicant

Family name (surname) <small>Exactly as shown in passport</small>			Given name(s)		
Residential address <small>Same as contact information</small> <input type="checkbox"/>					
PO box	Apt./Unit	Street no.	Street name		
City/town		Province/state	Country	Postal code	
Telephone no. <small>Include country code + area code</small>			E-mail		
Maiden name		Gender	Marital status		
Date of birth <small>YYYY-MM-DD</small>		Place of birth <small>City/town & Country</small>	Citizenship		
Country of current residence		Legal status in country of residence	First language		
Passport number		Passport expiry date <small>YYYY-MM-DD</small>	Country of issue		

Spouse This person is accompanying you to Canada

Family name (surname) <small>Exactly as shown in passport</small>			Given name(s)		
Maiden name		Gender	Marital status		
Date of birth <small>YYYY-MM-DD</small>		Place of birth <small>City/town & Country</small>	Citizenship		
Country of current residence		Legal status in country of residence	First language		
Passport number		Passport expiry date <small>YYYY-MM-DD</small>	Country of issue		

Residential address Same as applicant

PO box	Apt./Unit	Street no.	Street name		
City/town		Province/state	Country	Postal code	
Telephone no. <small>Include country code + area code</small>			E-mail		

Applicant name	Date of birth
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Additional documents: For accompanying dependant age 22 - 25, you must submit proof of continuous, full-time study.

Dependant This person is accompanying you to Canada

Family name (surname) <small>Exactly as shown in passport</small>		Given name(s)	
Relationship to applicant	Marital status		Maiden name
Date of birth <small>YYYY-MM-DD</small>	Place of birth <small>City/town & Country</small>		Citizenship
Country of current residence	Legal status in country of residence		First language
Passport number	Passport expiry date <small>YYYY-MM-DD</small>		Country of issue

Residential address Same as applicant Same as spouse

PO box	Apt./Unit	Street no.	Street name	
City/town		Province/state	Country	Postal code
Telephone no. <small>Include country code + area code</small>			E-mail	

Dependant This person is accompanying you to Canada

Family name (surname) <small>Exactly as shown in passport</small>		Given name(s)	
Relationship to applicant	Marital status		Maiden name
Date of birth <small>YYYY-MM-DD</small>	Place of birth <small>City/town & Country</small>		Citizenship
Country of current residence	Legal status in country of residence		First language
Passport number	Passport expiry date <small>YYYY-MM-DD</small>		Country of issue

Residential address Same as applicant Same as spouse

PO box	Apt./Unit	Street no.	Street name	
City/town		Province/state	Country	Postal code
Telephone no. <small>Include country code + area code</small>			E-mail	

Applicant name	Date of birth
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EDUCATION

Enter information for all secondary and post-secondary education completed.

Required documents

- certificate, degree, diploma and transcripts for each program completed by applicant and spouse.
- Copies of non-Canadian documents must be notarized.
- Attach certified translation into English or French of each document issued in another language.

Applicant

Total years secondary Total years post-secondary

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates	
		From YYYY-MM-DD to YYYY-MM-DD	

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates	
		From YYYY-MM-DD to YYYY-MM-DD	

Spouse

Total years secondary Total years post-secondary

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates	
		From YYYY-MM-DD to YYYY-MM-DD	

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates	
		From YYYY-MM-DD to YYYY-MM-DD	

Applicant name	Date of birth
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EDUCATION (continued)

Dependant

Total years secondary Total years post-secondary

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates <small>From YYYY-MM-DD to YYYY-MM-DD</small>	

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates <small>From YYYY-MM-DD to YYYY-MM-DD</small>	

Dependant

Total years secondary Total years post-secondary

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates <small>From YYYY-MM-DD to YYYY-MM-DD</small>	

Name of school		Address	
City/town	Province/state	Country	Postal code
Website		Language of instruction	
Program completed		Dates <small>From YYYY-MM-DD to YYYY-MM-DD</small>	

if additional space is required, copy pages as needed.

Applicant name	Date of birth
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EMPLOYMENT

Enter work history for the past 10 years or since age 18. (Do not include jobs that were six months or less.)

Required documents

- notarized letter of reference from each employer for applicant and spouse that includes:
 - start and end dates for employment
 - description of position and duties
 - company letterhead and signature of representative with title and contact information
- Attach certified translation into English or French of each document issued in another language.
- *If self-employed:* notarized copies of business registration, business tax records for each year, and copies of work contracts if applicable

Applicant

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates <div style="text-align: right; font-size: small;">From YYYY-MM-DD to YYYY-MM-DD</div>	

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates <div style="text-align: right; font-size: small;">From YYYY-MM-DD to YYYY-MM-DD</div>	

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates <div style="text-align: right; font-size: small;">From YYYY-MM-DD to YYYY-MM-DD</div>	

FOR OFFICE USE ONLY

You must fill all required fields and submit all necessary supporting documents. Incomplete applications are not accepted for assessment.

Applicant name	Date of birth
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EMPLOYMENT (continued)

Spouse

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates From YYYY-MM-DD to YYYY-MM-DD	

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates From YYYY-MM-DD to YYYY-MM-DD	

Dependant

Name

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates From YYYY-MM-DD to YYYY-MM-DD	

Name of employer (ex: business name)		Address	
City/town	Province/state	Country	Postal code
Contact person		E-mail	
Job title		Dates From YYYY-MM-DD to YYYY-MM-DD	

Applicant name	Date of birth
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CANADIAN IMMIGRATION HISTORY

Enter information regarding all previous immigration applications to, and stays in Canada by applicant, spouse and adult dependant(s).
 Ex: provincial nominee or federal immigration/refugee applications, visas for temporary work, study or visit.

Required documents

- copies of official document(s) relevant to each stay or application (ex: temporary resident visa, application result letter)

Name		Type of immigration application or visa	
Destination in Canada		Reason	
File no.	Result	Dates	
		From YYYY-MM-DD	

Name		Type of immigration application or visa	
Destination in Canada		Reason	
File no.	Result	Dates	
		From YYYY-MM-DD	

Name		Type of immigration application or visa	
Destination in Canada		Reason	
File no.	Result	Dates	
		From YYYY-MM-DD	

CANADIAN CONNECTIONS

List all relatives and friends living in Canada, for applicant and spouse.
 (Applicants with endorsed Settlement Plan must name and authorize Manitoba Supporter on MAPP SCHEDULE 1.)

Name	City & province	Relationship <i>Ex: applicant's sister; spouse's friend</i>

CITIZENSHIP AND IMMIGRATION CANADA (CIC) FORMS

With your MPNP application form you must submit copies of completed forms listed for provincial nominees at CIC.gc.ca.

<input type="checkbox"/> IMM 0008 GENERIC - Application for Permanent Residence in Canada <input type="checkbox"/> IMM 0008 SCHEDULE 1 - Background Declaration <input type="checkbox"/> IMM 5406 - Additional Family Information <input type="checkbox"/> IMM 0008 SCHEDULE 4 - Economic Classes - Provincial Nominees
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Applicant name _____	Date of birth _____
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LANGUAGE ABILITY

Answer all questions regarding English and/or French language proficiency for principal applicant and spouse.

Required documents

- education, employment and/or language training documents demonstrating ability (copies of non-Canadian documents must be notarized)
- result of language test approved by Citizenship and Immigration Canada

Self-assessment: Refer to language grid on immigratemanitoba.com. (*Applicants with IELTS: disregard self-assessment.*)

Applicant

Are you submitting result of approved test submitted? (Indicate score below.)	
<input type="checkbox"/> International English Language Testing System (IELTS) - General Training	
<input type="checkbox"/> Canadian English Language Proficiency Index Program (CELPIP-General)	
<input type="checkbox"/> Test d'Évaluation de Français (TEF)	
English self-assessed score _____	
Have you used English <input type="checkbox"/> or French <input type="checkbox"/> (<i>check one or both</i>) as the primary language of communication at work? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____	
Have you used English <input type="checkbox"/> or French <input type="checkbox"/> as the primary language of communication at school? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____	

Spouse

Are you submitting result of approved test submitted? (Indicate score below.)	
<input type="checkbox"/> International English Language Testing System (IELTS) - General Training	
<input type="checkbox"/> Canadian English Language Proficiency Index Program (CELPIP-General)	
<input type="checkbox"/> Test d'Évaluation de Français (TEF)	
English self-assessed score _____	
Have you used English <input type="checkbox"/> or French <input type="checkbox"/> (<i>check one or both</i>) as the primary language of communication at work? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____	
Have you used English <input type="checkbox"/> or French <input type="checkbox"/> as the primary language of communication at school? <input type="checkbox"/> Yes <input type="checkbox"/> No How long? _____	

SETTLEMENT FUNDS

Enter all information regarding personal (family) net worth. Enter amounts in Canadian dollars. Debts are loans and other financial obligations including mortgages, fees owing to lawyers or consultants, alimony and child support. Use extra pages if necessary.

Required documents

- letters from financial institutions indicating balance and account history for past three months in name of applicant and/or spouse
- bank account statement(s) showing transferable liquid funds and assets in applicant's name
- proof of ownership of real estate including a current market price evaluation

ASSETS	DEBTS
A. Cash _____	A. Home mortgage/loan _____
B. Real estate _____	B. Other mortgage/loan _____
C. Investments _____	C. Financial obligations _____
D. Other _____	D. Other _____
(1) Total assets (add A - D above) <input style="width: 100%;" type="text"/>	(2) Total debts (add A - D above) <input style="width: 100%;" type="text"/>
ASSETS (1) - (2) = C\$ <input style="width: 150px;" type="text"/>	

<p>SETTLEMENT PLAN</p> <p>All applicants must submit Settlement Plan Part 1, in which you explain how you intend to become economically established in Manitoba as a permanent resident. (This document is available for download at immigratemanitoba.com.)</p>

Applicant name	Date of birth
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SCHEDULE 1 - AUTHORITY TO DISCLOSE PERSONAL INFORMATION

The MPNP will communicate with only one person (in addition to the applicant) about your application. You must designate this person as authorized to obtain information on your behalf.

- If your application includes an endorsed Settlement Plan you must authorize your Manitoba Supporter.
- If your application uses a paid immigration representative you must authorize your representative.

You may remove authorization (including to a paid representative) at any time by sending the MPNP a written request for change.

I authorize the release of my immigration records to:

Full name			This person is: <input type="checkbox"/> Manitoba Supporter <input type="checkbox"/> Other (Describe: _____)	
PO box	Apt./Unit	Street no.	Street name	
City/town		Province	Postal code	E-mail
Telephone no.			Alternate telephone no.	

Signature of applicant _____
Date YYYY-MM-DD

AND, if using a paid representative, I authorize the release of my immigration records to:

Name of representative	Company name
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Signature of applicant _____
Date YYYY-MM-DD

All applicants must read and complete this form.

If you are using an immigration representative, he/she must also complete the form.

The Province of Manitoba requires that all immigration representatives (individual representatives who receive a fee) who act on behalf of applicants under the Manitoba Provincial Nominee Program agree to abide by this code of conduct. All immigration representatives who wish to represent an applicant to the Manitoba Provincial Nominee Program must be members in good standing of a Canadian law society and/or the Immigration Consultants of Canada Regulatory Council and must comply with the following minimum standards:

1. to indicate clearly at all times and in all materials that they act as independent agents and do not represent in any way the Government of Manitoba or any of its departments or agencies
2. to advise all potential clients that applying to the Manitoba Provincial Nominee Program does not require them to use the services of an immigration representative, with this information to be provided to the client at the first contact or the earliest possible opportunity and again prior to their signing a contract with the immigration representative
3. to advise all clients that they are free to communicate directly with the Manitoba Provincial Nominee Program on their own behalf even while represented by the immigration representative
4. to advertise and accept assignments for only those services which the immigration representative is capable of providing, and from which the immigration representative reasonably believes there will be real benefits to the client
5. to disclose to the province the fact that they are representing their clients, and to relay all correspondence from the province about a client's file directly to the client without modification or undue delay
6. to act responsibly, with due diligence and in a timely manner in the handling of their clients' cases
7. not to sign, submit or otherwise be associated with any application, letter, report or other document provided by or submitted about a client, which contains false or misleading information
8. not to engage in any unlawful activity personally or on behalf of a client
9. not to work or collaborate in any way with others who are engaging in any unlawful activity
10. to hold in strict confidence all information acquired in the course of the professional relationship concerning the affairs of their clients, and to not divulge any such information unless authorized by the client or required to do so by the Manitoba Provincial Nominee Program or by law
11. to take care to avoid conflicts of interest and upon becoming aware of the existence of a conflict, to fully disclose at the earliest possible opportunity the existence and circumstances of the conflict to the client, and to the Province of Manitoba, if the conflict in any way affects the Manitoba Provincial Nominee Program
12. not to allow any outside business or professional interests to jeopardize their professional integrity, independence or competence as immigration representative
13. to provide clients with complete and accurate information regarding the Manitoba Provincial Nominee Program and all other matters about their clients' interest in immigration
14. to advise the clients of the requirement that applicants under the Manitoba Provincial Nominee Program have a bona fide intent to reside and work or do business in Manitoba and to not knowingly submit or continue with Manitoba Provincial Nominee Program applications on behalf of clients who do not possess this bona fide intent
15. to be truthful in all forms of communications and media, and to refrain from misleading statements, exaggerations or innuendo (for example, Manitoba does not have any special or preferential arrangements with any immigration consultant or lawyer. Therefore, an immigration representative cannot guarantee acceptance under the Manitoba Provincial Nominee Program, immigration status or citizenship. Similarly an immigration representative should not claim to have a special relationship or arrangement with or connection with the Government of Manitoba or any of its departments, which implies preferential treatment, etc.)
16. not to undertake to act for, charge or accept any fee, which is not fully disclosed, fair and reasonable

Applicant initials

REPRESENTATIVE DECLARATION

I,

Full name

hereby confirm that I am familiar with the contents of this Code of Conduct and understand the described standards expected of my services as an immigration representative. I acknowledge that I will comply with the code in providing assistance to the Manitoba Provincial Nominee Program applicant listed below.

Company name

Address

Telephone and fax

E-mail address

Describe services provided to applicant

I am a member in good standing of the Immigration Consultants of Canada Regulatory Council, or of a Canadian law society and as required I have included proof of this membership with this application. Yes No

Signature of immigration representative

Signature of witness

Date

APPLICANT DECLARATION

Complete and sign if you are using the services of a paid representative.

I,

Full name

hereby confirm that I am familiar with the contents of this Code of Conduct and understand that they describe the standards expected of any immigration representative that I have engaged to assist me in preparing my application for the Manitoba Provincial Nominee Program. I have paid or will pay the following individual in connection with preparation of my application:

Name

Describe services provided

Signature of applicant

Signature of witness

Date

APPLICANT DECLARATION

Complete and sign if you are not using the services of a paid representative.

I,

Applicant - full name

hereby confirm that the services of an immigration representative were not used in connection with my application for the Manitoba Provincial Nominee Program.

Signature of applicant

Signature of witness

Date

MAPP SCHEDULE 3 - APPLICANT DECLARATION AND INFORMATION EXCHANGE AUTHORIZATION

This information release and declaration must be signed by the applicant and spouse authorizing the Manitoba Provincial Nominee Program, Manitoba Immigration and Multiculturalism, to collect and disclose personal information to assess this application to the Manitoba Provincial Nominee Program, and declaring that the information provided is true and accurate.

I,	Date of birth
Applicant – full name	(dd/mm/yy)
I,	Date of birth
Spouse – full name	(dd/mm/yy)
of	Address
in the city/town of	country of

do hereby authorize the designated representatives of Manitoba Immigration and Multiculturalism (the department), Manitoba Provincial Nominee Program, to exchange all personal information collected by and disclosed to Manitoba as part of my application for the Manitoba Provincial Nominee Program to be disclosed to other parties in Manitoba and elsewhere to assess this application.

I understand that Manitoba may contact such parties to verify information provided by me in this application. I understand that I have the right to examine and request corrections or amendments to my personal records, whether held by a provincial or federal government office.

I consent to the department collecting any personal and other information, including information about our address, telephone number, social insurance numbers, marital status, employment, income, assets, liabilities, benefits received under other government programs or any other relevant personal information, required to verify any information provided about my involvement in the Manitoba Provincial Nominee Program (the Program) and to locate and contact me about evaluating the program and my participation in it.

I consent to the department collecting this information from any federal, provincial, municipal or other local authority (such as Canada Revenue Agency, Citizenship and Immigration Canada, Canada Border Service Agency, Manitoba Family Services and Housing, Service Canada and Manitoba Health) or any other person, department, agency or organization holding such information.

Any information provided to Manitoba will only be disclosed under the Freedom of Information and Protection of Privacy Act. I consent to the disclosure of the above noted information by these persons, departments, agencies and organizations to the department and the Department disclosing to these persons, departments agencies or organizations such personal information as may be necessary to obtain the information required by the department for the program.

I declare that the information I have given in this application is truthful, complete and correct.

I understand that any false statements or concealment of information may result in Manitoba refusing my application or, if applicable, withdrawing my nomination.

I understand that my failure to provide a complete application package including all required forms and credible, supporting documentation may result in the return or refusal of my application.

I authorize the department to exchange my personal information with any third party the department considers appropriate in order to provide employment, settlement and integration services.

I understand all these statements and asked for and received an explanation on every point that was not clear to me.

Signature of applicant	Signature of witness
Signature of spouse (must include whether accompanying or not)	Signature of witness
Signed at:	Date
City/Town and Country	

The personal information on this form is collected under the authority of Manitoba's Freedom of Information and Protection of Privacy Act (S 36 1b). Personal information is necessary for the Manitoba Provincial Nominee Program and is used and/or disclosed to assess your application to this program. Under the provisions of the act individuals have the right to protection of, and access to, personal information.

If you have questions about the handling of personal information contact: Access and Privacy Co-ordinator, Manitoba Immigration and Multiculturalism, 9th Floor, 213 Notre Dame Ave., Winnipeg MB R3B 1N3, or 204-945-4889. For more information visit the Province of Manitoba FIPPA website: gov.mb.ca/chc/fippa/