

Family - Application for Nomination (AINP 006)

To be completed by a
Candidate who is applying
as a family member of a
Sponsor

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(AINP 006)

**If you need further help, please contact
the Alberta Foreign Worker Hotline:**

Toll-free in Alberta: 1-877-427-6419

Telephone: (Canada 001) (780) 427-6419

Email: immigration.info@gov.ab.ca

**Alberta Immigrant Nominee Program
Family - Application for Nomination (AINP 006)**

Overview of Family – Application for Nomination

Use this Family - Application for Nomination (AINP 006) booklet to apply to the Alberta Immigrant Nominee Program (AINP) for a Nomination as a Family Candidate. This application asks for information about you, your family members, and the qualifications of you and your spouse or common-law partner (if applicable). You must have a sponsor in Alberta who has completed the Family – Sponsorship Affidavit of Support.

The Government of Alberta, with Citizenship and Immigration Canada (CIC), operate the AINP. You must attach all required supporting documents to your application to be considered for a AINP Nomination and faster processing of an application for permanent residence.

Family - Instructions

There are step-by-step instructions for this stream. Please read them carefully. The instructions will help you gather all documents required for a complete application, and can be found on our website: www.albertacanada.com/AINP

Completing the Application for Nomination

Make sure you answer or acknowledge each question in the application. If any questions do not apply, write **N/A** (Not Applicable).

PHOTOCOPY of Citizenship and Immigration Canada (CIC) Forms

The AINP requires that you complete the CIC forms for permanent residence, then **photocopy** those forms, and **send the photocopy** with your AINP application to our office:

	Principal Applicant (Candidate)	Spouse/Common-Law Partner	Dependent Child, (18 Years of Age or Older)
Application Forms	<input type="checkbox"/> IMM 0008 Generic <input type="checkbox"/> IMM 0008 Schedule 1 <input type="checkbox"/> IMM 0008 Schedule 4 <input type="checkbox"/> IMM 5406 <input type="checkbox"/> IMM 5476 (If Applicable)	<input type="checkbox"/> IMM 0008 Schedule 1 <input type="checkbox"/> IMM 5406	<input type="checkbox"/> IMM 0008 Schedule 1 <input type="checkbox"/> IMM 5406 <input type="checkbox"/> IMM 5476 (If Applicable)

Your Personal History and Addresses (on the IMM 0008 – Schedule 1) can not have any gaps between dates.

Complete all fields on the forms. Write N/A (Not Applicable) if a question does not apply.

Do not send photos with your AINP application.

Contact Information

Mail your application and attachments to:

Alberta Immigrant Nominee Program
Alberta Employment and Immigration
Suite 940, Telus Plaza North Tower
10025 Jasper Avenue
Edmonton, AB T5J 1S6

Contact the Alberta Foreign Worker Hotline for further information:

Toll-free in Alberta: 1-877-427-6419 / Telephone: (Canada 001) (780) 427-6419
E-mail: immigration.info@gov.ab.ca

**Alberta Immigrant Nominee Program
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The personal information provided on this form and attachments is collected under the authority of the Government Organization Act (RSA 2000) and managed in accordance with the Freedom of Information and Protection of Privacy Act (RSA 2000). The information will be used for the purpose of administering the Alberta Immigrant Nominee Program. If you have any questions about the collection of this information, you can contact the Alberta Immigrant Nominee Program (AINP), Alberta Employment and Immigration, Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Telephone (toll-free in Alberta): 1-877-427-6419. Telephone: (780) 427-6419. Fax: (780) 427-6560. E-mail: Immigration.info@gov.ab.ca.

A. Personal Information

1. Candidate's Family Name:		2. Candidate's Given Name(s):	
3. Candidate's Address:	4. City/Town, Province:	5. Postal Code:	
6. Candidate's Mailing Address (If different from above):			
7. Candidate's Home Phone:	8. Candidate's Work Phone:	9. Candidate's E-mail:	
10. Date of Birth (D/M/Y):	11. Place of Birth (City):	12. Country of Birth:	
13. Country of Citizenship:	14. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Intended Province of Residence in Canada:	

B. Application for Permanent Residence in Canada - History

a.) Have you, your spouse or common-law partner, or any of your dependent children, **already** submitted an Application for Permanent Residence in Canada to Citizenship and Immigration Canada (CIC)?
 Yes No

b.) If yes, please provide a response to each of the following:

Name of Principal Applicant:

CIC Office:

CIC File Number:

C. Candidate's Occupation and Education

1. Current Job Title:	2. Current Exact Salary:	3. Name of Current Employer:
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4. Education History:
 a.) Total years of education: _____
 b.) Level(s) of education successfully completed (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Doctorate / PhD | <input type="checkbox"/> Diploma or Certificate from a Technical School or College |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> No Formal Education |

5. Work History:
 a.) Total years of employment: _____
 b.) List all employment since age 18 (attach a separate sheet if required):

Dates (From - To)	Name of Employer	Occupation	City and Country

D. Spouse or Common-Law Partner's Occupation and Education

1. Current Job Title:	2. Current Exact Salary:	3. Name of Current Employer:
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4. Education History:
 a.) Total years of education: _____
 b.) Level(s) of education successfully completed (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Doctorate / PhD | <input type="checkbox"/> Diploma or Certificate from a Technical School or College |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> No Formal Education |

5. Work History:

- a.) Total years of employment: _____
 b.) List all employment since age 18 (attach a separate sheet if required):

Dates (From - To)	Name of Employer	Occupation	City and Country

E. Accompanying Family Members

1. List all dependents who intend to **accompany** you to Canada (Do not include Canadian Citizens or Permanent Residents):

	Spouse or Common-Law Partner	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Family Name					
Given Name					
Date of Birth	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)

F. Background

1. List your or your spouse's or common-law partner's relatives in Canadian Provinces or Territories (Provide attachment if required):

Name of Relative	Relationship	City and Province	Years Spent in Canada

2. List any visits made to Canada, where you had entered Canada and departed, before submitting this application (Provide attachment if required):

Reason for Visit	Province Visited	Month/Year Entered	Month/Year Departed

G. Marketing

1. How did you learn about the AINP? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alberta Promotional Material | <input type="checkbox"/> How To Hire Foreign Workers Seminar |
| <input type="checkbox"/> Alberta Immigrant Nominee Program Website | <input type="checkbox"/> Canada Alberta Service Centre |
| <input type="checkbox"/> Industry or Association | <input type="checkbox"/> Other (specify): |

H. Contact Person

In order to determine the effectiveness of the AINP, we will be contacting you in the future to see if this program was helpful to you. If we are unable to reach you at the contact information you provided in this application, we are asking that you provide the name of a person, who is not living with you, who we may contact. This person would only be asked to provide your current telephone number and address if we are unable to reach you.

We recommend that you advise this person that you have given our office permission to contact him/her. You may remove or change this contact person at any time by contacting our office.

Name of Contact Person:

Phone Number of Contact Person:

I. Authorization

Candidate's Declaration

By signing and submitting this form, I confirm that:

1. The information I have provided in this application is true, complete and correct and I, the candidate, have personally provided it.
2. I understand that submitting an Application for Permanent Residence in Canada to Citizenship and Immigration Canada on the basis of an Alberta Immigrant Nominee Program (AINP) Certificate issued by the Government of Alberta, is subject to federal requirements. Specifically, my application for permanent residence is subject to the statutory requirements for admissibility under the Immigration and Refugee Protection Act and its Regulations, and the Certificate and application do not guarantee that I will be granted permanent residence.
3. I affirm that English or French is my, and my spouse or common-law partner's (if applicable), primary language of use (language most commonly used in my household), or that I, and my spouse or common-law partner (if applicable), have completed a minimum of a baccalaureate in English or French, and that if this cannot be sufficiently demonstrated with the application, that the AINP will require completion of an International English Language Testing System (IELTS) or a Test d'évaluation de français (TEF) assessment to satisfy AINP language proficiency requirements.
4. I understand that the AINP may decline this application or withdraw approval for a AINP Nomination:
 - a. If I have submitted any false statements or concealed a relevant or significant fact. Both constitute misrepresentation;
 - b. If there is any change to the ability of my sponsor to support my settlement in Alberta;
 - c. If I am unable to effectively demonstrate that I am the parent, child, sister, brother, aunt, uncle, niece, or nephew of my sponsor;
 - d. If I do not comply with any request for information required by the AINP to effectively administer and maintain the integrity of the program; or,
 - e. For reasons other than the preceding statements. As a result of this decline or withdrawal, the AINP may refuse to consider me as a candidate for a AINP Nomination for an unspecified period.
5. I understand all of the above statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.

Candidate's Authorization to Collect and Disclose Personal Information

By signing and submitting this form:

1. I authorize the AINP to disclose, as necessary, personal information about me collected from my application under the program, to officials in the Government of Alberta, including but not limited to partner ministries, and to officials administering immigration programs within the Government of Canada.
2. I authorize the Government of Canada to disclose, as necessary, personal information about me collected under the Immigration and Refugee Protection Act and its Regulations to officials administering the AINP. I also authorize the AINP to collect such information.
3. I authorize the AINP to disclose to my sponsor information on the status of my application under the AINP at any time throughout the process, and I authorize my sponsor to collect this information.
4. I authorize the AINP to contact previous institutions or employers I have identified to verify my background and eligibility for the AINP, and I authorize the AINP to collect such information.

5. I confirm my understanding of all the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.
6. I consent to be contacted to complete a brief questionnaire to evaluate the program.

Candidate's Name (Print):	Signature (Candidate):
Spouse's or Common-Law Partner's Name (Print):	Signature (Spouse or Common-Law Partner):
Dependent Child's Name, 18 Years of Age or Older (Print):	Signature (Dependent Child, 18 Years of Age or Older):
Dependent Child's Name, 18 Years of Age or Older (Print):	Signature (Dependent Child, 18 Years of Age or Older):
Dependent Child's Name, 18 Years of Age or Older (Print):	Signature (Dependent Child, 18 Years of Age or Older):
Dependent Child's Name, 18 Years of Age or Older (Print):	Signature (Dependent Child, 18 Years of Age or Older):

Date (Month, Day, Year): _____

J. Use of a Representative
(Complete this section if someone else helped, prepared or submitted this form)

Type of Representative (*Check all that apply*):

- Unpaid
 Lawyer
 Immigration Consultant
 Other (*specify*):
 CSIC Number:

Name of Firm:

Address:

Representative's Full Name:

Telephone:

Fax:

E-mail:

Candidate's declaration or declaration of candidate's family members:

1. I authorize the person identified above to serve as my representative and to conduct business on my behalf with officials of the Alberta Immigrant Nominee Program (AINP).
2. I authorize my representative to provide this completed application and attachments to the AINP.
3. I authorize my representative and the AINP to discuss the contents of my application and attachments for the purposes described in this form or, if I am a family member, my personal information contained in this application.
4. I understand all previous statements, and received an explanation on every point about which I may have been uncertain.

Candidate's Signature:

Date:

Representative's declaration:

1. The information I have provided in Section I is true, complete, and correct.
2. I understand and accept that I am the person appointed by the candidate to conduct business with officials of the AINP.
3. I understand that this appointment is made in accordance with Section 84 of the Freedom of Information and Protection of Privacy (FOIP) Act.
4. I understand that to the best of my knowledge, the information provided on this form and the supporting documents provided are true, complete and correct. I explained all points that were unclear to the candidate on this application.
5. I understand that the candidate may be contacted directly by officials of the AINP. I understand that the AINP accepts the definition of authorized representative in accordance with the amended Immigration and Refugee Protection Regulations effective April 13, 2004.
6. I understand that by signing this form, I confirm that I am an unpaid representative or a paid representative who is a member in good standing of a provincial bar, the Chambre des notaires du Québec, or the Canadian Society of Immigration Consultants (CSIC).

Representative's Signature:

Date:

Please note that this page should be completed separately for each dependent who is 18 years of age or older to authorize the AINP to conduct business with their representative.