

Manitoba Provincial Nominee Program Application Form (MAPP)



The principal applicant must complete this form. All questions must be answered completely and truthfully. Failure to provide complete and truthful information may result in the refusal of your application. Please print clearly.

Date accepted for
assessment by Manitoba

	Principal applicant	Spouse
Family name		
Given name(s)		
Date of birth	(dd/mm/yy)	(dd/mm/yy)
Address of your current residence (include country and postal code)		
Mailing address for application purposes.		
Your e-mail address		
Your telephone number		
Preferred language for communicating with the MPNP	English <input type="checkbox"/>	French <input type="checkbox"/>
Number of children <input style="width: 40px;" type="text"/>	Number of children accompanying you to Canada <input style="width: 40px;" type="text"/>	Spouse will accompany you to Canada? No <input type="checkbox"/> Yes <input type="checkbox"/>

I AM APPLYING FOR CONSIDERATION UNDER THE FOLLOWING ASSESSMENT STREAM

Please select one assessment stream. See guidelines in application kit.

1. Employer Direct	<ul style="list-style-type: none"> ▪ I have included an original letter from a Manitoba employer indicating I have been offered a full-time job that has been pre-approved by the MPNP, OR ▪ I have included proof that I am currently employed full-time in Manitoba on a temporary work permit. <input style="float: right;" type="checkbox"/> 				
2. International Student	<ul style="list-style-type: none"> ▪ I have included copies of a Manitoba post-secondary education certificate, AND ▪ a full-time job offer and open post-graduation temporary work permit <input style="float: right;" type="checkbox"/> 				
3. Family Support	<ul style="list-style-type: none"> ▪ I have included proof of, and an Affidavit of Support signed by a close relative who lives in Manitoba, AND ▪ I meet minimum stream assessment criteria. <input style="float: right;" type="checkbox"/> 				
4. General stream	<ul style="list-style-type: none"> ▪ I have included evidence of that you have <u>one</u> the following: <table style="width: 100%; margin-top: 5px;"> <tbody> <tr> <td style="width: 25%;">▪ a close relative in Manitoba <input type="checkbox"/></td> <td style="width: 25%;">▪ two affidavits of support (MAS) from friends or distant relatives in Manitoba <input type="checkbox"/></td> <td style="width: 25%;">▪ completed education in Manitoba <input type="checkbox"/></td> <td style="width: 25%;">▪ previous work experience in Manitoba <input type="checkbox"/></td> </tr> </tbody> </table> 	▪ a close relative in Manitoba <input type="checkbox"/>	▪ two affidavits of support (MAS) from friends or distant relatives in Manitoba <input type="checkbox"/>	▪ completed education in Manitoba <input type="checkbox"/>	▪ previous work experience in Manitoba <input type="checkbox"/>
▪ a close relative in Manitoba <input type="checkbox"/>	▪ two affidavits of support (MAS) from friends or distant relatives in Manitoba <input type="checkbox"/>	▪ completed education in Manitoba <input type="checkbox"/>	▪ previous work experience in Manitoba <input type="checkbox"/>		

———— OR ————

I AM APPLYING FOR CONSIDERATION UNDER A STRATEGIC INITIATIVE

See guidelines in application kit.

I have included a Letter of Invitation received from the MPNP indicating that I meet eligibility criteria for a specific recruitment initiative and inviting me to apply.

OCCUPATION UNDER WHICH I AM APPLYING

Intended occupation – principal applicant

Number of years you have worked in your intended occupation in the past 10 years:

Intended occupation – spouse

Number of years you have worked in your intended occupation in the past 10 years:

Education/training – principal applicant (highest level attained)

Total years secondary (high school) *Total years post-secondary (after high school)*
 10 years 12 years 1 year 2 years 3 years more than 3 years

CITIZENSHIP & STATUS: Country of residence Country of citizenship
 Legal status in your country of residence: Citizen Visitor Passport number
 Student Worker Refugee Other: Expiry date

APPLICATION HISTORY

Provide information concerning all previous immigration applications to Canada. (Include all provincial nominee applications.)

Type of program or visa	File number	Result	Date of result	Destination in Canada

DESTINATION IN MANITOBA Name of city or town

PREVIOUS VISITS TO CANADA

Describe all previous stays in Canada by the principal applicant and/or spouse and provide supporting documents.

Province	Dates	Status (visitor, student, worker, etc.)	Address

RELATIVES IN CANADA *Do you or your spouse have relatives living in Canada?* Yes No

Names of all relatives in Canada	City & province	Relationship to principal applicant	Relationship to spouse

LANGUAGE ABILITY

All applicants – review the information under the language factor described in the application kit guidelines for the General stream and provide your self-assessed score.

English self- assessed score French self-assessed score

Have you used English or French as the primary language of communication at work? No Yes How long?

This form is provided free by the Government of Manitoba and is not to be sold to applicants.

Have you used English or French as the primary language of communication at school?

No

Yes

How long?

Have you studied English/French as a foreign language or as a second language?

No

Yes

Hours of instruction

SETTLEMENT FUNDS – personal net worth statement

You must provide supporting documents.

Assets – Indicate the value of your liquid assets in Canadian dollars.

Debts – List in Canadian dollars the amount of loans and other financial obligations including mortgages, fees owing to lawyers or consultants, alimony and child support payments. Use extra pages if necessary

Assets	Dollar amount (Cdn.)
A. Cash	<input type="text"/>
B. Real estate	<input type="text"/>
C. Investments	<input type="text"/>
D. Other	<input type="text"/>
(1) Total assets (add A - D above)	<input type="text"/>

Debts	Dollar amount (Cdn.)
A. Home mortgage or loan	<input type="text"/>
B. Other mortgages or loan	<input type="text"/>
C. Other	<input type="text"/>
(2) Total debts (add A - C above)	<input type="text"/>

Net Worth: (1) - (2) = C \$

YOUR MANITOBA CONNECTION

1. Offer of employment

Contact information for employer

Employer name

Address

Phone and fax number

E-mail address

Contact person

2. Close relative

Contact information for relative

Name

Address

Phone and fax number

E-mail address

Describe relationship

3. Family-like support or community supporter

Contact information for one friend, distant relative or community supporter

Name

Address

Phone and fax number

E-mail address

Relationship

Distant relative Friend Other:

4. Manitoba education

Name of school and program completed

Name of institution

Describe program

Date program started

Date program completed

5. Manitoba work experience

Contact information for employer

Employer name

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Address	
Phone and fax number	
E-mail address	
Duration of employment (dates)	Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>

MAPP SCHEDULE 1

AUTHORITY TO DISCLOSE PERSONAL INFORMATION

- You may designate one individual (a relative, friend, community supporter) or a paid immigration representative) who can obtain information about your application on your behalf. You must sign the following information release naming this representative.
- If you are applying for consideration under the Family Support stream you must designate the close relative in Manitoba named in your application.
- You must read, initial and sign the Code of Conduct on the following page indicating whether or not you are using the services of a paid immigration representative. If you are using the services of a paid immigration representative, your representative must also sign the Code of Conduct and provide proof that he/she is a member in good standing of the Canadian Society for Immigration Consultants or a Law Society within Canada.
- You may remove or change the authority given to an immigration representative or other individual at any time by providing a request to the MPNP in writing. You must remove the authority of the individual named below, before you can provide authority to another individual.

I authorize the release of personal information from my immigration records to the following parties:

My relative, friend or community supporter		
	name	Telephone number
E-mail address		
Mailing address with postal code		

Signature of principal applicant	Date
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—— OR ——

My Canadian immigration lawyer/consultant/agent	
Print name	Immigration Firm or company name
Signature of principal applicant	Date

MAPP SCHEDULE 2

CODE OF CONDUCT

All applicants and paid immigration representatives must read the Code of Conduct and sign the appropriate sections.

Manitoba Labour and Immigration 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 the Canadian Society for Immigration Consultants or of a Law Society in Canada 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. to not 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. to not engage in any unlawful activity personally or on behalf of a client
9. to not 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. to not 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. to not undertake to act for, charge or accept any fee, which is not fully disclosed, fair and reasonable

Applicant's 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 Canadian Society for Immigration Consultants or of a law society in Canada 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 principal applicant

Signature of witness

Date

APPLICANT DECLARATION

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

I,

Principal 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 principal applicant

Signature of witness

Date

MAPP SCHEDULE 3

INFORMATION RELEASE AND APPLICANT DECLARATION

This information release and declaration must be signed by the principal applicant and spouse authorizing the Immigration Promotion and Recruitment Branch of Manitoba Labour and Immigration 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 _____
Principal 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 Labour and Immigration (the department), Immigration Promotion and Recruitment Branch 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 Manitoba Labour and Immigration (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 understand all these statements and asked for and received an explanation on every point that was not clear to me.

Signature of principal applicant	Signature of witness
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Signature of spouse	Signature of witness
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Signed at: _____	Date _____
City/Town and Country _____	

This form is provided free by the Government of Manitoba and is not to be sold to applicants.

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.

For information contact:

Access and Privacy Services - Government Records Office
Archives of Manitoba
130 - 200 Vaughan Street
Winnipeg, Manitoba, Canada R3C 1T5
Phone: 204-945-3738
Toll-free: 1-800-617-3588 (in Manitoba)
Fax: 204-948-2008
E-mail: govrecs@gov.mb.ca
Website: <http://www.gov.mb.ca/chc/fippa/index.html>

A FIPPA request should be made on the Application for Access form, which is available on the website.