

# **|IWC|** *Innovation World Consultants*

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*Approved by Ministry of Higher Education and Scientific Research in United Arab Emirates*

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## **ASSESSMENT QUESTIONNAIRE**

(Please attach educational transcripts along with this questionnaire. This form must be handwritten by the applicant and signed. Questionnaires received unsigned will not be entertained. If your spouse is qualified and has work experience, she will be required to fill in the questionnaire as well.)

### **PERSONAL DETAILS**

1. Family Name: \_\_\_\_\_
2. Given Name: \_\_\_\_\_
3. Full address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Telephone Number (Res.): \_\_\_\_\_  
(Please specify area code - number)
7. Telephone Number (Office): \_\_\_\_\_  
(Please specify area code - number)
8. Fax Numbers: \_\_\_\_\_  
(Please specify area code - number)
9. Mobile Number: \_\_\_\_\_
10. Email Address: \_\_\_\_\_
11. Date of Birth: \_\_\_\_\_  
(Please specify dd/mm/yy)
12. Age: \_\_\_\_\_  
(Please specify days/months/years)
13. Martial Status: \_\_\_\_\_

**EMPLOYMENT DETAILS (Just last two employment details please)**

From – To: \_\_\_\_\_

(Please specify present employment first)

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Designation: \_\_\_\_\_

From – To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Your Designation: \_\_\_\_\_

**DUTIES PERFORMED**

1. What is your occupation? \_\_\_\_\_

2. What are the duties that you perform in your work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does your occupation relate to your professional qualifications?  
\_\_\_\_\_

**EDUCATION DETAILS**

Name of Primary School: \_\_\_\_\_

Name of Qualification: \_\_\_\_\_

Year Attended: \_\_\_\_\_

Year Commenced: \_\_\_\_\_

Year Completed: \_\_\_\_\_

Language of Instruction: \_\_\_\_\_

Name of Secondary School: \_\_\_\_\_

Name of Qualification: \_\_\_\_\_

Year Attended: \_\_\_\_\_

Year Commenced: \_\_\_\_\_

Year Completed: \_\_\_\_\_

Language of Instruction: \_\_\_\_\_

Name of Education Institute: \_\_\_\_\_

Name of Qualification: \_\_\_\_\_

Year Attended: \_\_\_\_\_

Year Commenced: \_\_\_\_\_

Year Completed: \_\_\_\_\_  
Language of Instruction: \_\_\_\_\_

**OTHER INFORMATION**

1. Do you have any relatives living in Australia / Canada / NZ?

\_\_\_\_\_

2. If so, please give details.

| RELATIONSHIP | DATE OF BIRTH | ADDRESS |
|--------------|---------------|---------|
|              |               |         |
|              |               |         |
|              |               |         |
|              |               |         |
|              |               |         |

3. Have you applied to migrate on a prior occasion on a permanent or temporary basis?  
If so, please specify.

| DATE | PLACE | VISA NUMBER |
|------|-------|-------------|
|      |       |             |
|      |       |             |
|      |       |             |
|      |       |             |
|      |       |             |

**DECLARATION**

- 1) I declare that the information contained in this questionnaire is complete, correct and up-to-date in every detail.
- 2) I understand that if any false and misleading information is contained herewith, Innovation World Consultants will not be held responsible for an incorrect assessment of my prospects of migration.
- 3) I understand that the positive outcome of this initial assessment will not guarantee my application for an Canadian / Australian / New Zealand visa grant. Key elements that you will be required to satisfy will include sufficient ability in English for working in Australia (vocational English); recognition of your employment qualifications (occupational skills); health and character requirements; and a pass in the points test.
- 4) I understand that the cheque / draft of Dhs. 3500 enclosed with this questionnaire favoring Innovation World Consultants is towards a Processing of Documents.
- 5) I understand that this fee is refundable under applicable conditions as per the Retainership Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_