

# Outreach Tutor Program – Student Intake Form

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Gender \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_

**Are you: (please circle your answer)**

- a. A Canadian Citizen?
- b. A Permanent Resident?
- c. Other: \_\_\_\_\_

**Are you here under either of the following programs? (please circle your answer)**

- a. Provincial Nominee Program
- b. Physician Recruitment Program
- c. Private Refugee Sponsorship (PSR or BVOR) Program
- d. None of the Above

**Please provide your Citizenship Number, Permanent Residence Number, Provincial Nominee or Physician Recruitment Program Number: \_\_\_\_\_**

**Country of Origin: \_\_\_\_\_**

**Level of Education: (please circle your answer)**

- a. Less than High School
- b. High School
- c. University (Bachelors)
- d. University (Masters or higher)

**Knowledge of English: (please circle your answer)**

- a. Poor
- b. Fair
- c. Good
- d. Very Good

**Career Background:** \_\_\_\_\_

**Work or Home Constraints/Limitations:** \_\_\_\_\_

**How comfortable are you using a computer? (please circle your answer)**

- a. Very Comfortable
- b. Somewhat comfortable
- c. Not Comfortable

**Would you be interested in receiving information on a distance/computer-based ESL tutoring program? (please circle your answer)**

- a. Very Interested
- b. Somewhat Interested
- c. Not Interested

**Preference for Tutor (please circle your answer):**

- a. Male
- b. Female
- c. No preference

**Please fax/scan this sheet and proof of immigration status (e.g., copy of your landing documents/Permanent Residence card, Citizenship Card, Provincial Nominee or Physician Recruitment paperwork) to:  
**1-709-722-5325 OR [research@nfld.net](mailto:research@nfld.net)****