



English as a
Second Language
Centre for Continuing Education

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LINC@uregina.ca
www.uregina.ca/esl/linc

LINC – Language Instruction for Newcomers to Canada

You are eligible for the LINC program **if** you are a: **Permanent Resident of Canada, Protected Person or Refugee** who is **18 years of age or older** and has been selected by IRCC.

To apply for the LINC Program, please complete this form and ensure you have the following documents:

- Confirmation of permanent residency or your permanent resident card.
- Canadian Language Benchmarks Placement Test (CLBPT) test scores (From LARC).
- Referral card (From LARC).

| PERSONAL INFORMATION | | | |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------|
| Last/Family Name: | | First Name: | |
| University Student ID #: | | Returning Student: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of Birth | __ (DD) / __ (MM) / ____ (YYYY) | Gender: | Male: <input type="checkbox"/> Female: <input type="checkbox"/> |
| Personal Status | Permanent Resident: <input type="checkbox"/> | Refugee: <input type="checkbox"/> | CUAET: <input type="checkbox"/> |
| | Nationality: _____ | First Language: _____ | Other Language: _____ |
| Education Background | Grade School <input type="checkbox"/> High School <input type="checkbox"/> Technical College <input type="checkbox"/> University <input type="checkbox"/> | | |
| Phone Number: | | | |
| Email Address: | | | |
| Home Address: | Apt #: _____ Street: _____ City: _____ Province: _____ Postal Code: _____ | | |
| CLASS SELECTION | | | |
| Option | Acceptable level | Days | Time |
| Face-to-Face | | | |
| <input type="checkbox"/> Full-time [5-day] | CLB 1, CLB 2 | Monday – Friday [25-hour] | 09:00 AM – 02:30 PM |
| <input type="checkbox"/> Full-time [5-day] | CLB 3, CLB 4 | Monday – Friday [25-hour] | 09:00 AM – 02:30 PM |
| <input type="checkbox"/> Morning [4-day] | CLB 3, CLB 4 | Monday – Thursday [12-hour] | 09:00 AM – 12:00 PM |
| <input type="checkbox"/> Evening [4-day] | CLB 1, CLB 2 | Monday – Thursday [12-hour] | 06:00 PM – 09:00 PM |
| <input type="checkbox"/> Evening [4-day] | CLB 2, CLB 3 | Monday – Thursday [12-hour] | 06:00 PM – 09:00 PM |
| <input type="checkbox"/> Evening [4-day] | CLB 3, CLB 4 | Monday – Thursday [12-hour] | 06:00 PM – 09:00 PM |
| Remote Learning | | | |
| <input type="checkbox"/> Evening [4-day] | CLB 3, CLB 4 | Monday – Thursday [12-hour] | 06:00 PM – 09:00 PM |
| <input type="checkbox"/> Evening [4-day] | CLB 3, CLB 4 | Monday – Thursday [12-hour] | 06:00 PM – 09:00 PM |
| <input type="checkbox"/> Evening [2-day] | CLB 3, CLB 4 | Monday, Wednesday [6-hour] | 06:00 PM – 09:00 PM |
| CONSENT STATEMENT | | | |
| CONSENT FOR FUTURE RESEARCH/CONSULTATION | Immigration, Refugees and Citizenship Canada (IRCC) may want to contact you in the future. They will ask only about IRCC services, including services you receive from our organization, and if these services were useful to you and helped you settle in Canada. IRCC will use your answers, and answers from other immigrants, to improve services for all immigrants. This is voluntary: you are not obligated to answer IRCC's questions. IRCC will not use your information to make any decisions about you personally. May IRCC, or an independent research company acting for IRCC, contact you in future? <p style="text-align: center;">Check off "Yes" or "No" below:</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | |
| DECLARATION: | <p><i>By signing below, the client declares that the information provided on the registration form is accurate and true to the best of his or her knowledge.</i></p> <p style="text-align: center;">Applicant signature: _____ Date: _____</p> | | |