

**CONFIDENTIAL
ASSESSMENT FORM**



Ref:

**Please refer to the enclosed Guidance Notes *before* completing this form
If you have any *further* questions, please call us on 0845 841 9453
and one of our experienced Visa Consultants will be happy to assist you**

How did you hear about Four Corners?

Section 1a – Personal Details of Principal Applicant

Title:	Family Name:
First Name:	Middle Name(s):
Home Address:	
Postcode:	E-mail:
Home Tel:	Mobile Tel:
Preferred time of contact (please tick):	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Age:	Date of Birth:
Marital Status:	Birthplace:
Birthplace (mother):	Birthplace (father):

Section 1b – Personal Details of Spouse / Partner

Title:	Family Name:
First Name:	Middle Name(s):
E-mail:	Mobile Tel:
Age:	Date of Birth:
Marital Status:	Birthplace:
Birthplace (mother):	Birthplace (father):

Section 2 – Chosen Destination

Please tick the countries you wish to be assessed for:

<input type="checkbox"/> Australia	<input type="checkbox"/> Canada	<input type="checkbox"/> New Zealand	<input type="checkbox"/> USA
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Assuming you are eligible, please tick the box that most accurately describes your level of interest to emigrate:

<input type="checkbox"/> Very keen / want to go now	<input type="checkbox"/> Fairly keen / probably would go now	<input type="checkbox"/> Interested but undecided
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Section 3 – Children

Surname	First Name(s)	Date of Birth	Living at home Y/N	Working Y/N	Student Y/N	Emigrating with you Y/N

Section 4 – Overseas Family

	Relation 1	Relation 2	Relation 3
Name of relation			
Family Relationship (e.g. aunt/brother)			
Related to Principal Applicant or Partner?			
Residing Country			
How long have they lived there?			
Residing City / Town			
How long have they lived there?			
Are they a citizen? (Y/N)			
How long have they been a citizen?			
Are they in full-time employment? (Y/N)			

Section 5 – Financial Status

	Principal Applicant	Spouse / Partner	Joint Assets
Property Equity			
Shares/savings/other			
Cars / Vehicles			
Business Assets (if applicable)			
TOTAL			

Section 6 – Personal Records

Have you or any family members included in this assessment;	Y/N
Been convicted at any time of a criminal / motoring / drug(s) offence?	
Been affected by previous or ongoing health / mental problems?	

Section 7a – Academic Qualifications of Principal Applicant

At what age did you start primary school?	yrs old
At what age did you leave secondary school?	yrs old

Course	Month/Year	Part Time / Full Time	Subject	Institution	Qualification
A-Levels or Equivalent	From: To:				
Diploma / College	From: To:				
Degree	From: To:				
Post-graduate Course	From: To:				
Other – please specify	From: To:				

Section 7b – Trade / Professional Qualifications of Principal Applicant

Course	Month/Year	Part Time / Full Time	Trade / Qualification	Employer / Institution
Apprenticeship	From: To:			
Professional Qualifications	From: To:			
Further Training (e.g. City & Guilds)	From: To:			

Section 8 – Employment History of Principal Applicant

Month / Year	Total Years	Total Months	Employer Name & Location	Industry / Sector	Position / Job Description
From: To:					
From: To:					
From: To:					
From: To:					

Section 9 – Qualifications of Spouse / Partner

Month/Year	Part Time / Full Time	Subject	Institution	Qualification
From: To:				
From: To:				
From: To:				
From: To:				

Section 10 – Employment History of Spouse / Partner

Month / Year	Total Years	Total Months	Employer Name & Location	Industry / Sector	Position / Job Description
From: To:					
From: To:					
From: To:					
From: To:					

I hereby state that the information contained in this form is, to the best of my knowledge, an accurate and truthful statement of my (and my partners) past and current situation.

Signed:

Date:

Assessments NOT Signed and/or Dated may be discarded

The information requested on this form is essential to provide an assessment of your eligibility for attaining Permanent or Temporary Residence in Australia, Canada, New Zealand or USA.

Additional information (please indicate section number):

Our contact details:

Address: Four Corners, Strathblane House, Ashfield Rd, Cheadle, Cheshire, SK8 1BB
Website: www.fourcorners.net
Email: info@fourcorners.net
Tel: 0161 608 1608 / 0845 841 9453
Fax: 0161 608 1616