

Government of Grenada
Ministry of Labour

CANADIAN FARM PROGRAMME
Registration Form

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Photo
Here

PLEASE ANSWER ALL QUESTIONS

Date (dd/mm/yy): _____

Name: _____ Date of Birth (mm/dd/yy) _____

Country of Birth _____ Sex: Male ___ Female ___ Height (ft, inches): _____ Weight (lbs): _____

Passport Number: _____ Issue Date (dd/mm/yy): _____ Expiration Date (dd/mm/yy): _____

Home Address _____

Mailing Address _____

Telephone No: (Home) _____ (Mobile) _____ (Work) _____ (Other) _____

Marital Status: _____ No. Of Children: _____ Religion: _____

Emergency Contact:

Name: _____ Address: _____

Telephone No. _____ Relationship (e.g. wife): _____

Qualification:

Occupation: _____ Employer (name, address, telephone): _____

_____ Drivers License: Yes ___ No ___ If Yes, Please indicate class _____

Agricultural Work Experience: Yes ___ No ___ Years of Experience: _____

If yes, indicate type of Agricultural work (e.g. planting, harvesting, weeding etc.): _____

Other Job Experience:

List Name, Address and Telephone of places worked during the past five (5) years

1. _____

2. _____

3. _____

4. _____

5. _____

Medical:

Do you suffer from any back ailment? : Yes ___ No ___ If yes, Please indicate type: _____

References (name, address, telephone no, occupation) Please do not list names of family members:

1. _____

2. _____

3. _____

For official use only:

Comments:

Status: Approved: _____ Not Approved: _____ Deferred: _____