



# APPLICATION TO CHANGE CONDITIONS, EXTEND MY STAY OR REMAIN IN CANADA AS A WORKER

If you need more space for any section, print out an additional page containing the approp

Validate

*This document should be used only as a guide to help you complete the form for your Post-Graduation Work Permit application. For the most up-to-date information and details on how to complete the IMM 5710 form, please refer to <https://www.canada.ca/en/immigration-refugees-citizenship/services/application/application-forms-guides/guide-5580-applying-work-permit-student-guide.html>*

<b>1 UCI</b> <b>This is an 8-10 digit number printed on your study permit.</b>	<b>2 * I want service in</b> <b>Select the appropriate language</b> ▼	<b>OFFICE USE ONLY</b> Validated
<b>3 I am applying for one or more of the following:</b>		
<input type="checkbox"/> * Apply for a work permit with the same employer	<input checked="" type="checkbox"/> * Apply for a work permit for the first time or with a new employer	<b>Choose this option for PGWP</b>
<input type="checkbox"/> * Restore my status as a worker	<input type="checkbox"/> * Get a new temporary resident permit (for inadmissible applicants only)	

**PERSONAL DETAILS**

<b>1 Full name</b> * Family name (as shown on your passport or travel document) <b>Enter as per your passport. Family name is your last name. If you do not have a family name, enter all your given name(s) in the family name field and leave the given names(s) field blank.</b>	<b>Given name(s)</b> (as shown on your passport or travel document) <b>Enter as per your passport. Given name is your first name.</b>
<b>2 a) Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)?</b> <input type="checkbox"/> * No <input type="checkbox"/> * Yes <b>Select the appropriate answer</b>	
<b>b) If you answered "yes" to question 2a), please provide the name (e.g. Nickname, maiden name, alias, etc.)</b>	
Family name	Given name(s)

<b>*3 Sex</b> <b>Select the appropriate answer</b> ▼	<b>4 Date of birth</b> <b>Enter as per your passport</b> * YYYY * MM * DD	<b>5 Place of birth</b> * City/Town <b>Enter as per your passport</b>	<b>* Country or Territory</b> <b>Enter as per your passport</b> ▼
<b>6 * Citizenship</b> ▼			

<b>7 Current country or territory of residence:</b>				
Country or Territory	Status	Other	From	To
Canada	<b>Select 'Student'</b> ▼	<i>If your study permit has expired then please see an International Advisor for next steps and how to fill out this section.</i>	<b>Under "From", enter the date your study permit was issued. Under "To" enter the date your study permit expires.</b>	

<b>8 a) Previous countries or territories of residence:</b> During the past five years have you lived in any country or territory other than your country of citizenship or your current country or territory of residence (indicated above) for more than six months? <input type="checkbox"/> * No <input type="checkbox"/> * Yes				
<b>b) If you answered "yes" to question 8a), please provide details</b> <b>Select the appropriate answer</b>				
Country or Territory	Status	Other	From	To
<b>If you answered "yes" to question 8(a), then fill out all the fields as necessary.</b>			YYYY-MM-DD	YYYY-MM-DD
			YYYY-MM-DD	YYYY-MM-DD

<b>9 * a) Your current marital status</b> <b>Answer as per your situation</b> ▼	<b>b) (If you are married or in a common-law relationship) Provide the date on which you were married or entered into the common-law relationship</b> ▶	<b>Date</b> <b>Enter the appropriate date, if applicable</b>
<b>c) Provide the name of your current Spouse/Common-law partner</b>		
Family name <b>Enter the last name of your spouse, if applicable.</b>	Given name(s) <b>Enter the first name of your spouse, if applicable.</b>	

<b>d) If you are married or in a common-law relationship, is your spouse or common-law partner a Canadian citizen or permanent resident?</b>	<b>Select the appropriate response, if applicable.</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
--	---

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE	<b>appropriate response, if applicable.</b>
--	---

Applicant Name	Date of Birth
----------------	---------------

**PERSONAL DETAILS (CONTINUED)**

<b>10 a) Have you previously been married or in a common-law relationship?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes <b>Answer questions 10(a) to (e) if applicable and as per your situation.</b>			
b) Provide the following details for your previous Spouse/Common-law partner: Family name		Given name(s)	
c) Type of relationship	d) From YYYY-MM-DD	To YYYY-MM-DD	e) Date of Birth YYYY MM DD

**LANGUAGE(S)**

<b>1 * a) Native language/Mother Tongue</b> Select your mother tongue	<b>*b) Are you able to communicate in English and/or French?</b> Answer as per your situation	<b>c) In which language are you most at ease?</b> Answer as per your situation
<b>d) Have you taken a test from a designated testing agency to assess your proficiency in English or French?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes <b>Select the appropriate response</b>		

**PASSPORT**

<b>1 * Passport number</b> 1-4: Provide the most current passport details here. If your passport will expire soon, have it renewed (PGWP cannot be issued past the expiry date of your passport).	<b>2 * Country or territory of issue</b>	<b>3 * Issue date</b> YYYY-MM-DD	<b>4 * Expiry date</b> YYYY-MM-DD
<b>5 * For this trip, will you use a passport issued by the Ministry of Foreign Affairs in Taiwan that includes your personal identification number?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes <b>Answer as per your situation.</b>			
<b>6 * For this trip, will you use a National Israeli passport?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes			

**NATIONAL IDENTITY DOCUMENT**

<b>1 Do you have a national identity document?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes <b>If you have a government issued identity document, other than passport, select "Yes".</b>			
<b>2 Document number</b> 2-5: Enter details of your national identity document, if applicable.	<b>3 Country or Territory of issue</b>	<b>4 Issue date</b> YYYY-MM-DD	<b>5 Expiry date</b> YYYY-MM-DD

**US PR CARD**

<b>1 Are you a lawful Permanent Resident of the United States with a valid alien registration card (green card)?</b> <input type="checkbox"/> *No <input type="checkbox"/> *Yes <b>Answer as per your situation</b>	
<b>2 Document number</b> 2-3: Enter relevant details here if you responded "yes" to the above question regarding US PR Card.	<b>3 Expiry date</b> YYYY-MM-DD

**CONTACT INFORMATION**

**If submitting your application by mail:**

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

<b>1 Current mailing address</b>			
P.O. box	Apt/Unit	Street no.	* Street name
Enter your full address. If you do not have a P.O. box number, put 'NA'. If you live in an apartment or townhome, enter the unit number, otherwise put 'NA'. The street no. is also referred to as your house number or building number (you must provide this if you did not enter a P.O. box number). Enter the street name. Do not abbreviate words (Street, Avenue, Drive, etc.)			
* City/Town	* Country or Territory Canada	* Province	* Postal code
<b>2 Residential address</b> Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes <b>If the address you live at is the same as your mailing address then select "yes", otherwise select "no" and provide your residential address details here.</b>			
Apt/Unit	Street no.	Street name	
City/Town	Country or Territory	Province	Postal code
<b>3 Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other If you have a contact number, you may enter it here. Type Country Code No. Ext.		<b>4 Alternate Telephone no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Type Country Code No. Ext.	
<b>5 Fax no.</b> <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Country Code No. Ext.		<b>6 E-mail address</b> Enter your email address. If you provide your email ID, you are authorizing IRCC to send all correspondence electronically to the email address provided.	

Applicant Name	Date of Birth
----------------	---------------

**COMING INTO CANADA**

<p>1 Date and place of your original entry to Canada</p> <p align="right">* Date <b>▶ Date when you first arrived to Canada</b> YYYY-MM-DD</p>	<p>* Place <b>Port of Entry (the city where you first entered Canada)</b></p>
<p>2 * a) The original purpose for coming to Canada</p> <p align="center"><b>Select the appropriate answer</b></p>	<p>b) Other</p>
<p>3 Date and place of your most recent entry to Canada (if not the same as original entry)</p> <p align="right"><b>▶ Enter the date of your most recent entry to Canada if different from the date you first arrived to Canada.</b></p>	<p>Place <b>Port of Entry (the city where you last entered Canada)</b></p>
<p>4 If applicable, provide the document number of the most recent Visitor Record, Study Permit, Work Permit or Temporary Resident Permit issued to you.</p>	<p>Document Number <b>Your Study Permit number can be found in the top right corner of your Study Permit document. The number usually starts with the letter 'F'.</b></p>

**DETAILS OF INTENDED WORK IN CANADA**

<p>1 * a) What type of work permit are you applying for?</p> <p align="center"><b>Post-Graduation Work Permit</b></p>	<p>b) Other</p>						
<p>2 Details of my prospective employer (attach original offer of employment)</p>							
<p>a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here)</p> <p align="center"><b>NA</b></p>							
<p>b) Complete Address of Employer (Canadian or Foreign):</p> <p align="center"><b>NA</b></p>							
<p>3 Intended location of employment in Canada?</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Province</td> <td style="border: none;">City/Town</td> <td style="border: none;">Address</td> </tr> <tr> <td style="border: none;"><b>Leave Blank</b></td> <td style="border: none;"><b>Leave Blank</b></td> <td style="border: none;"><b>NA</b></td> </tr> </table>		Province	City/Town	Address	<b>Leave Blank</b>	<b>Leave Blank</b>	<b>NA</b>
Province	City/Town	Address					
<b>Leave Blank</b>	<b>Leave Blank</b>	<b>NA</b>					
<p>4 My occupation in Canada will be:</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Job title</td> <td style="border: none;">Brief description of duties</td> </tr> <tr> <td style="border: none;"><b>NA</b></td> <td style="border: none;"><b>NA</b></td> </tr> </table>		Job title	Brief description of duties	<b>NA</b>	<b>NA</b>		
Job title	Brief description of duties						
<b>NA</b>	<b>NA</b>						
<p>5 Duration of expected employment</p> <p align="right">▶</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">From</td> <td style="border: none;">To</td> </tr> <tr> <td style="border: none;">YYYY-MM-DD</td> <td style="border: none;">YYYY-MM-DD</td> </tr> </table>	From	To	YYYY-MM-DD	YYYY-MM-DD	<p>6 Labour Market Impact Assessment (LMIA) No. or Offer of Employment (LMIA Exempt) No.</p> <p align="center"><b>NA</b></p>		
From	To						
YYYY-MM-DD	YYYY-MM-DD						
<p>7 If you have been issued a Quebec Acceptance Certificate (CAQ), provide the:</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Certificate Number</td> <td style="border: none;">Expiry Date</td> </tr> <tr> <td style="border: none;"><b>NA</b></td> <td style="border: none;"><b>NA</b></td> </tr> </table>		Certificate Number	Expiry Date	<b>NA</b>	<b>NA</b>		
Certificate Number	Expiry Date						
<b>NA</b>	<b>NA</b>						
<p>8 Have you been issued a certificate under the Provincial Nominee program? <input type="checkbox"/> * No <input type="checkbox"/> * Yes <b>Select the appropriate answer.</b></p>							

**EDUCATION**

Have you had any post secondary education (including university, college or apprenticeship training)?  \* No  \* Yes **Select "yes" and include details of your current program completed at KPU below.**

If you answered "yes", give full details of your highest level of post secondary education.

<p>1</p>	<p>From <b>Start date of program</b> YYYY MM</p>	<p>Field and level of study <b>Current Program name (Example: Bachelor's of Arts in Psychology)</b></p>	<p>School/Facility name <b>Kwantlen Polytechnic University</b></p>
	<p>To <b>End date of program</b> YYYY MM</p>	<p>City/Town <b>Surrey</b></p>	<p>Country or Territory <b>Canada</b></p>
			<p>Province/State <b>BC</b></p>

**EMPLOYMENT**

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator)

<p>1</p>	<p>From <b>Enter today's date</b> *YYYY *MM</p>	<p>* Current Activity/Occupation <b>NA</b></p>	<p>* Company/Employer/Facility name <b>NA</b></p>
	<p>To YYYY MM</p>	<p>* City/Town <b>NA</b></p>	<p>* Country or Territory <b>Select Canada</b></p>
			<p>Province/State <b>BC</b></p>

**NOTE: As per Guide 5580, for post-graduation work permit applications, information for the employment section is not required. However, you may choose to enter your employment details here if you wish.**

Applicant Name	Date of Birth
----------------	---------------

**EMPLOYMENT (CONTINUED)**

2	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	Province/State
3	From YYYY MM	Previous Activity/Occupation	Company/Employer/Facility name	
	To YYYY MM	City/Town	Country or Territory	Province/State

Employment Record or United States

**BACKGROUND INFORMATION**

You must complete this section if you are 18 years of age or older.

*All questions in this section must be answered or the application will be considered incomplete and will be returned.*

Clear Section

**1**

a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis?  No  Yes

**Read each question carefully and select 'Yes' or 'No' appropriately.**

b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada?  No  Yes

c) If you answered "yes" to question 1a) or 1b), please provide details and the name of the family member (if applicable).

**Provide additional details here if you selected "yes" for 1(a) or 1(b).**

**2**

a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada?  No  Yes

**Read each question carefully and select 'Yes' or 'No' appropriately.**

b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country or territory?  No  Yes

c) Have you previously applied to enter or remain in Canada?  No  Yes

d) If you answered "yes" to question 2a), 2b) or 2c), please provide details.

**Provide additional details here if you selected "yes" for 2(a), 2(b) or 2(c).**  
**Example: My study permit application to Canada was refused in [year].**  
**Example: I submitted my study permit application in [year] and it was approved.**

**3**

a) Have you ever committed, been arrested for or been charged with or convicted of any criminal offence in any country or territory? **Choose 'Yes' or 'No' appropriately.**  No  Yes

b) If you answered "yes" to question 3a), please provide details.

**Provide additional details here if you said "yes" to question 3(a).**

Applicant Name	Date of Birth
----------------	---------------

**BACKGROUND INFORMATION (CONTINUED)**

**4** a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)?  No  Yes

b) If you answered "yes" to question 4a), please provide dates of service and countries or territories where you served. **Select the appropriate response**

**If you said "yes" to the above question 4(a), provide additional information here as stated above.**

**5** Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time?  No  Yes

**Select the appropriate response**

**6** Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?  No  Yes

**Select the appropriate response**

**SIGNATURE**

Immigration, Refugees and Citizenship Canada (IRCC), or an organization at IRCC' request, may want to contact you in the future to ask you about any services you received from IRCC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). IRCC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. IRCC will not use this information to make any decisions about you personally.

Do you consent to be contacted by IRCC, or an organization at IRCC's request, in the future? (Y/N)  No  Yes **Select the appropriate response**

I consent to the release to Immigration, Refugees and Citizenship Canada (IRCC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.

I declare that I have answered all questions in this application fully and truthfully.

Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.

Date: YYYY-MM-DD

**Type your full name (signature is not required)**

**Date of application**

**IMPORTANT NOTE:**

**This application must be signed and dated before it is submitted by mail.**

Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

**DISCLOSURE**

Information provided to IRCC is collected under the authority of the Immigration and Refugee Protection Act (IRPA) to determine admissibility to Canada. Information provided may be shared with other Canadian government institutions such as, but not limited to, the Canada Border Services Agency (CBSA), the Royal Canadian Mounted Police (RCMP), the Canadian Security Intelligence Service (CSIS), the Department of Foreign Affairs, Trade and Development (DFATD), Employment and Social Development Canada (ESDC), the Canada Revenue Agency (CRA), provincial and territorial governments and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may be disclosed to or validated with foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions for the purposes of validating status and identity to administer their programs.

Where biometrics are provided as part of an application, the fingerprints collected will be stored and shared with the RCMP. The fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11(1) of the Immigration and Refugee Protection Regulations. The information may be used to establish or verify the identity of a person in order to prevent, investigate or prosecute an offence under any law of Canada or a province. This information may also be used to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition. Canada may also share immigration information related to biometric records with foreign governments with whom Canada has an agreement or arrangement.

Depending on the type of application made, the information you provided will be stored in one or more Personal Information Banks (PIB) pursuant to section 10(1) of Canada's Privacy Act. Individuals also have a right to protection and access to their personal information stored in each corresponding PIB under the Access to Information Act. Further details on the PIBs pertaining to IRCC's line of business and services and the Government of Canada's access to information and privacy programs are available at the [Infosource website](#) and through the IRCC Call Centre. Info Source is also available at public libraries across Canada.

Validate

**Click on the VALIDATE button before submitting the form. Validating the form will generate a page of bar codes. Save the form after validating. If you make changes after validation, please validate again.**