

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/06/22**

APPLICATION: **E00000000**

Created Date: **2022/09/06**

Updated Date: **2023/06/12**

Primary Office: **CPC-Ottawa**

Secondary Office: **Centralized Intake Office**

App #: **E00000000**

App Status: **Open**

App Status Reason: **In Progress**

Submission Date: **2023/05/04**

Rec'd Date: **2023/05/04**

Rec'd Via: **On-line**

Lock-In Date: **2023/05/04**

Category:

Subcategory:

NOC Version: **NOC 2021**

Special Program(s):

Correspond Lang: **English**

Interview Lang:

Interpreter Required:

Cost Recovery: **Complete**

RPRF: **Complete**

Overpayment: **N**

Loan Warrant #:

Restricted Notes: **N**

Prospective App Delete Date:

Preferred Correspondence Channel: **Online**

Name:

DOB:

of Clients: **1**

of Potential Visas: **1**

Province of Destination: **ON**

City of Destination: **Brampton**

CSQ File #:

FOSS Doc #:

Associated App:

SPONSORSHIP – FAMILY CLASS & REFUGEE

SPR Correspond Lang:

SPR Eligibility:

SPONSORSHIP – FAMILY CLASS

CSC Date:

If Ineligible:

Misrepresentation:

Family Size:

SA's Met For:

HC-CDA

Triage:

REFUGEE

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/06/22**

Processing Priority:
Financial Support:
Access Via:
Referral/MICC#:

ECONOMIC
ESDC File #:
Available Funds (CAD):
Net Worth (CAD):
Sub Eval:
Facilitator:
LCP Start Date:

MINISTERIAL INSTRUCTION

Type:
Criteria:
Status:

PNC INFORMATION

PNC #:
Valid To:
Province of Interest: **NB**

ASSESSMENTS

Eligibility: **Review Required**
Security: **Not Started**
HIRV:
Criminality: **Passed**
Org Crime:
Medical: **Passed**
Misrepresentation:
Info Sharing: **Complete**
Other Reqs:
Final:

MINISTERIAL INSTRUCTION

MINISTERIAL INSTRUCTION: 0

SPECIAL PROGRAM

SPECIAL PROGRAM: 0

CLIENT DETAILS

CLIENT DETAILS: 1
Created Date: **2022/09/06**
Updated Date: **2023/05/17**
UCI/Party ID:
Client/Party: **PA**
Relationship:
Other Relationship Descrip:
Acc: **N/A**
Name:

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

Gender: **Female**
DOB:
DEP Type:
DEP Type Other Desc:
Effective Date: **2022/09/07**
Expiry Date:
Disassoc Reason:
Other Disassoc Descrip:
Counterfoil Required: **Y**
Security: **Not Started**
HIRV:
Criminality: **Passed - Bio**
Org Crime:
Medical: **Passed**
Misrepresentation:
Info Sharing: **Complete**
Min Relief - Security:
Security Min Relief Date:
Security Date:
Min Relief - HIRV:
HIRV Min Relief Date:
HIRV Date:
Min Relief - Org Crime:
Org Crime Min Relief Date:
Org Crime Date:
Citizenship: **Nigeria**
CoR: **Nigeria**
Place of Birth (City/Town):
Country of Birth:
DEP Type:
DEP Type Other Desc:
Marital Status: **Single**
Country of Refuge:
Undertaking Length (months):
Travel Doc #:
Travel Doc Expiry Date: **2025/11/10**
Travel Doc Country of Issue:
SIN:
Official Language: **English**
Can Communicate in English: **Yes**
Can Communicate in French: **No**
Official Language Proficiency Test: **Yes**
of Years of Education: **5**
Level of Education:
NOC:
Occupation: **Pharmacists**

BIOMETRICS:
IRCC #:
Assessment: **Complete**
Other Description:
Info: **Received - NRT**
Review:

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

CSQ INFORMATION

Individual Ref #:

Issuance Date:

Valid To:

ADDRESS

Type: **Mailing**

Country: **Nigeria**

Apt/Unit #:

Street #: **8**

Street Address:

Street Address 2:

PO Box:

City/Town:

Province/State:

District:

Postal Code:

Telephone #:

Fax #:

E-mail:

PARTY DETAILS

PARTY DETAILS: **0**

ADMISSIBILITIES

SECURITY

SECURITY: **1**

Created Date: **2023/05/12**

Updated Date: **2023/05/12**

UCI #:

Family Name:

Given Name:

Type: **Security**

Status: **Not Started**

Validity Date:

Status Updated Date: **2023/05/12**

Due Date: **2023/06/11**

ATTACHMENTS

ATTACHMENTS: **0**

SUB ACTIVITIES

SUB ACTIVITIES: **0**

HIRV

HIRV: **0**

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

CRIMINALITY

CRIMINALITY: **1**

Created Date: **2023/05/04**

Updated Date: **2023/05/17**

UCI #:

Family Name:

Given Name:

Type: **Criminality**

Status: **Passed - Bio**

Validity Date:

Status Updated Date: **2023/05/17**

Due Date: **2023/05/19**

ATTACHMENTS

ATTACHMENTS: 0

CRIMINALITY HISTORY

CRIMINALITY HISTORY: 0

POLICE CERTIFICATES

POLICE CERTIFICATES: 0

SUB ACTIVITIES

SUB ACTIVITIES: **1**

Created Date: **2023/05/04**

Updated Date: **2023/05/17**

UCI #:

Family Name:

Given Name:

Type: **Biometrics - RCMP**

Country:

Status: **Received - NRT**

Validity Date:

Status Updated Date: **2023/05/17**

Due Date: **2023/05/19**

BIOMETRICS

Previous Result:

RCMP Purge:

Biometrics #:

Biometrics Review:

ENROLMENT

IRCC #:

Biometrics #:

Location:

Name: **NGLOS-VFS**

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/06/22**

Country: **Nigeria**

Code:

Type: **VAC**

Date: **05/17/2023 11:17:20**

By:

FINGERPRINT EXCEPTIONS: **0**

Fingerprint Quality: **Good**

UCI/FOSS ID:

Photo: **Y**

RCMP RESULTS:

New IID: **Y**

IID:

Ref #:

New FPS #: **N**

FPS #:

UCI/FOSS ID:

RCMP #:

NAME(S): **1**

Name:

DOB:

Gender: **Female**

Country of Birth: **Nigeria**

Source:

NAME(S): **2**

Name:

DOB:

Gender: **Female**

Country of Birth: **Unknown**

Source:

Narrative:

Search Date: **05/17/2023**

FBI RESULTS:

FBI #:

NAME(S): **0**

Narrative:

Search Date:

INTERNATIONAL RESULTS:

Reference #:

Narrative:

PURGE:

Status Updated Date:

ORGANIZED CRIME
ORGANIZED CRIME: **0**

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/06/22**

MEDICAL

MEDICAL: **1**

Created Date: **2023/05/12**

Updated Date: **2023/05/12**

UCI:

Family Name:

Given Name:

Type: **Medical**

Status: **Passed**

Validity Date:

Status Updated Date: **2023/05/12**

Due Date: **2023/06/11**

IME #:

UMI:

Assessed For: **All**

IME Status: **Assessed**

IME Status Reason: **Granted**

RMO: **London**

M Profile: **1**

Description: **No health impairment sufficient to prevent admission for medical reasons under Section 38(1)(a)**

S Profile: **1**

Description: **No surveillance required.**

MOF Rationale Exists: **N**

MOF Review:

Valid Until: **04/21/2024**

IMM Type: **Non EDE**

UMI Type: **Worker**

Expected Date of Delivery:

MISREPRESENTATION

MISREPRESENTATION: **0**

MINISTERIAL RELIEF

MINISTERIAL RELIEF: **0**

INFO SHARING

INFO SHARING: **1**

Created Date: **2023/05/12**

Updated Date: **2023/05/17**

UCI #:

Family Name:

Given Name(s):

Client/Party: **PA**

Relationship:

Type: **Biometric - FCC**

Partner: **AUS**

Status: **NRT**

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

Validity Date:
Status Updated Date: **2023/05/17**
Due Date: **2023/05/13**
Correction Ref #:
Correction Date:
Urgent: **N**

MATCHED RECORDS
MATCHED RECORD: 0

REQUEST INFO
Family Name:
Given Name(s):
DOB:
Visa #:
Travel Doc #:
Travel Doc Country of Issue:

RESPONSE INFO
Doc Validity:
Doc Status:
Match Type:

ATTACHMENTS
ATTACHMENTS: 0

INFO SHARING: **2**
Created Date: **2023/05/12**
Updated Date: **2023/05/17**
UCI #:
Family Name:
Given Name(s):
Client/Party: **PA**
Relationship:
Type:
Partner: **USA**
Status: **NRT**
Validity Date:
Status Updated Date:
Due Date:
Correction Ref #:
Correction Date:
Urgent: **N**

MATCHED RECORDS
MATCHED RECORD: 0

REQUEST INFO
Family Name:
Given Name(s):
DOB:
Visa #:
Travel Doc #:
Travel Doc Country of Issue:

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: 0

INFO SHARING: 3

Created Date: **2023/05/12**

Updated Date: **2023/05/12**

UCI #:

Family Name:

Given Name(s):

Client/Party: **PA**

Relationship:

Type:

Partner: **USA**

Status: **NRT**

Validity Date:

Status Updated Date: **2023/05/12**

Due Date: **2023/06/11**

Correction Ref #:

Correction Date:

Urgent: **N**

MATCHED RECORDS

MATCHED RECORD: 0

REQUEST INFO

Family Name:

Given Name(s):

DOB:

Visa #:

Travel Doc #:

Travel Doc Country of Issue:

RESPONSE INFO

Doc Validity:

Doc Status:

Match Type:

ATTACHMENTS

ATTACHMENTS: 0

FINALIZE APPLICATION

DOCUMENT ISSUANCE

DOCUMENT ISSUANCE: 0

GCMS Information Request: Application

Request Identifier: **1A-0000-0000**

Request Date: **2023/06/22**

REFUSAL GROUNDS

REFUSAL GROUNDS: **0**

APPEALS AND LITIGATION IAD

IAD

IMMIGRATION APPEALS DIVISION: **0**

LITIGATION

LITIGATION: **0**

OTHER REQS

H&C

H&C: **0**

A39/A41

A39/A41: **0**

VERIFICATION

VERIFICATION: **1**

Created Date: **2022/09/06**

Updated Date: **2022/09/06**

Type: **Job Bank Registration**

Status: **Not Required**

Status Updated Date: **2022/09/06**

Due Date:

Restricted: **N**

UCI #:

Family Name:

Given Name(s):

System Generated: **N**

Employer:

Contact Client ID#:

DOCUMENT

Created Date: **2022/09/06**

Updated Date: **2022/09/06**

Doc ID:

Type:

Sub Type:

Other Sub Type Description:

Document Name:

Document State:

Document #:

Serial #:

Country of Issue:

Place of Issue:

Issue Date:

Expiry Date:

Issuing Authority:

Method:

Event ID:

Contact:

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

Other Contact:
Contact Response:
Verification Result:
Contact Client ID#:

MOC INVESTIGATION

Conditional PR:
Source:
Received Date:
Outcome:

CONDITIONAL EXCEPTION

Exception Requested:
Received Date:
Outcome:

ATTACHMENTS

ATTACHMENTS: 0

EVENTS

EVENTS: 0

NOTES

NOTES: 1

Created Date: **2023/06/07**

Updated Date: **2023/06/07**

Restricted: **N**

Label: **General**

Office:

Text: **Case Analyst: Review Required**

Lock-in Date: **_E0000000**

PA:

Having analyzed this application based on the documents submitted by the applicant and the information contained in the file, I make the following recommendation.

ANALYST RECOMMENDATION: Review Required

- PA FELL BELOW THE MINIMUM SCORE FOR THE ROUND AS PA LOST CRS PTS FOR FWE. OFFICER TO REVIEW LOE FOR " Clinical Trial Manager" (SEE WORK NOTES)

A11.2: Review Required

R75: FSW MINIMUM REQUIREMENTS - Review Required

R76: SELECTION CRITERIA - FSW POINTS/Funds: Appears Met

FSW points total: 70

Ready to Finalize

RPRF: Complete

Comprehensive Ranking System (CRS)

GCMS Information Request: Application

Request Identifier: 1A-0000-00000

Request Date: 2023/06/22

CRS Score at invitation to apply (ITA) 481

CRS points minimum score for round: 481

CRS score at application (APR): 481 / Verified CRS score: 456

I have reviewed the following for CRS points:

PA gained points as SINGLE at ITA and APR

PA gained points for 2 year(s) Foreign Work Experience with

INTEGRATED SEARCH (FOSS/GCMS):

PA: No trace other than present application

FAMILY COMPOSITION:

SINGLE; never married

No indication of previous marriages/cl partners

No declared children

MEDICALS: All valid for 6 months or more

PASSPORTS: All valid for 6 months or more

WORK EXPERIENCE:

Lock-in Date: 2023-05-04

Primary Occupation: Pharmacists

2018-07 to 2019-12 - Retail Pharmacist - at

- eDoc#

- Letter dated 2023-03-16 appears to confirm employment in declared occupation throughout the specified period, and provides a job description which is consistent with the lead statement and main duties as set out in the declared NOC category.

- Letter confirms salary of 1.1mil/yr NGN

- Letter confirms full/time employment;

CRS Foreign Work: 1 year and 6 months.

2020-01 to 2021-01 - Intern Pharmacist (NOC: 0031) - at

- eDoc#

- Web-based search confirms employer information

- Letter dated 2023-03-10 appears to confirm employment in declared occupation throughout the specified period, and provides a job description which is consistent with the lead statement and main duties as set out in the declared NOC category.

- Letter confirms salary of 1.6mil/yr NGN

- Letter confirms full/time employment;

CRS Foreign Work: 1 year and 1 month.

2021-09 to 2023-05 - Virtual Assistant (NOC: 0013) - at *REVIEW REQUIRED*

- eDoc#

NOTE: UNABLE TO VERIFY EMPLOYER THROUGH OPEN SOURCES. ONLY BANK TRANSFERS PROVIDED AND NO PAYSTUBS.

- Letter confirms salary of \$15k/yr USD

- Letter confirms full/time employment;

GCMS Information Request: Application

Request Identifier: 1A-0000-00000

Request Date: 2023/06/22

FSW Work: 0 year(s) 0 month(s) of 1 year(s) - REVIEW REQUIRED

CRS Foreign Work: 2 year(s)

WORK EXPERIENCE: 2-3 year(s), 11 FSW Points

SETTLEMENT FUNDS: Appears To Meet

Approx. CAD \$13583, as per statement at 2023-05-04;

Family of 1 requires CAD \$13 310

NOTES: 2

Created Date: 2023/05/19

Updated Date: 2023/05/19

Restricted: N

Label: General

Office: CPC-Ottawa

Text: PReVU verified (applicant information)

NOTES: 3

Created Date: 2023/05/12

Updated Date: 2023/05/12

Restricted: N

Label: EE Eligibility

Office: Centralized Intake Office

Text: REVIEW TYPE: Program Assistant

APPLICATION #: E00000000

REGULATION: FSW

I have reviewed this application based upon the documents submitted by the applicant and the information contained in the file and note the following.

MIN.SCORE: 481

CRS SCORE: 481

Principal Applicant Application Promoted: New UCI

Primary Applicant Medical Attached to UCI: Yes

Client Fees: Verified

-----LANGUAGES-----

Principal Applicant

English- IELTS and Met Threshold & Verified

-----EDUCATION-----

Primary Applicant

ECA report Verified on issuing agency website; foreign credential confirmed on ECA site

ECA Canadian Equivalency Summary reported by issuing agency as Bachelor of Science in Pharmacy Degree

Foreign credential provided

GCMS Information Request: Application

Request Identifier: 1A-0000-0000

Request Date: 2023/06/22

-----POLICE CERTIFICATE-----

Primary Applicant

Nigeria police certificate: Provided-NRT

OK

Recommendation: Pass Criminality– pending Biometric-RCMP Results

-----AGE-----

Applicant's age reviewed and No Change from ITA to e-APR

NOTES: 4

Created Date: 2023/05/04

Updated Date: 2023/05/04

Restricted: N

Label: General

Office: GCMS-System

Text: Have you applied to Immigration, Refugees and Citizenship Canada before ? / Est-ce que vous avez déjà fait une demande à Citoyenneté et Immigration Canada auparavant?: N

NOTES: 5

Created Date: 2023/05/04

Updated Date: 2023/05/04

Restricted: N

Label: General

Office: GCMS-System

Text: Has this person applied for this service before ? / Est-ce que cette personne a fait une demande pour le service auparavant?: N

NOTES: 6

Created Date: 2023/05/04

Updated Date: 2023/05/04

Restricted: N

Label: General

Office: GCMS-System

Text: Consent and Declaration Signature / Signature de Consentement et déclaration:

NOTES: 7

Created Date: 2023/05/04

Updated Date: 2023/05/04

Restricted: N

Label: General

Office: GCMS-System

Text: CONSENT FOR USE OF INFORMATION FOR RESEARCH AND EVALUATION PURPOSES /
CONSENTEMENT À L'UTILISATION DE RENSEIGNEMENTS À DES FINS DE RECHERCHE ET
D'ÉVALUATION: N/A

NOTES: 8

Created Date: 2023/03/18

Updated Date: 2023/03/18

Restricted: N

Label: General

GCMS Information Request: Application

Request Identifier: 1A-0000-0000

Request Date: 2023/06/22

Office: GCMS-System

Text: Have you applied to Immigration, Refugees and Citizenship Canada before ? / Est-ce que vous avez déjà fait une demande à Citoyenneté et Immigration Canada auparavant?: N

NOTES: 9

Created Date: 2023/03/18

Updated Date: 2023/03/18

Restricted: N

Label: General

Office: GCMS-System

Text: Has this person applied for this service before ? / Est-ce que cette personne a fait une demande pour le service auparavant?: N

NOTES: 10

Created Date: 2023/03/04

Updated Date: 2023/03/04

Restricted: N

Label: General

Office: GCMS-System

Text: Have you applied to Immigration, Refugees and Citizenship Canada before ? / Est-ce que vous avez déjà fait une demande à Citoyenneté et Immigration Canada auparavant?: N

NOTES: 11

Created Date: 2023/03/04

Updated Date: 2023/03/04

Restricted: N

Label: General

Office: GCMS-System

Text: Has this person applied for this service before ? / Est-ce que cette personne a fait une demande pour le service auparavant?: N

NOTES: 12

Created Date: 2023/03/01

Updated Date: 2023/03/01

Restricted: N

Label: General

Office: GCMS-System

Text: Have you applied to Immigration, Refugees and Citizenship Canada before ? / Est-ce que vous avez déjà fait une demande à Citoyenneté et Immigration Canada auparavant?: N

NOTES: 13

Created Date: 2023/03/01

Updated Date: 2023/03/01

Restricted: N

Label: General

Office: GCMS-System

Text: Has this person applied for this service before ? / Est-ce que cette personne a fait une demande pour le service auparavant?: N

NOTES: 14

Created Date: 2022/11/17

GCMS Information Request: Application

Request Identifier: 1A-0000-0000

Request Date: 2023/06/22

Updated Date: 2022/11/17

Restricted: N

Label: General

Office: GCMS-System

Text: Have you applied to Immigration, Refugees and Citizenship Canada before ? / Est-ce que vous avez déjà fait une demande à Citoyenneté et Immigration Canada auparavant?: N

NOTES: 15

Created Date: 2022/11/17

Updated Date: 2022/11/17

Restricted: N

Label: General

Office: GCMS-System

Text: Has this person applied for this service before ? / Est-ce que cette personne a fait une demande pour le service auparavant?: N

NOTES: 16

Created Date: 2022/09/06

Updated Date: 2022/09/06

Restricted: N

Label: General

Office: GCMS-System

Text: Have you applied to Immigration, Refugees and Citizenship Canada before ? / Est-ce que vous avez déjà fait une demande à Citoyenneté et Immigration Canada auparavant?: N

NOTES: 17

Created Date: 2022/09/06

Updated Date: 2022/09/06

Restricted: N

Label: General

Office: GCMS-System

Text: Has this person applied for this service before ? / Est-ce que cette personne a fait une demande pour le service auparavant?: N

NOTES: 18

Created Date: 2022/09/06

Updated Date: 2022/09/06

Restricted: N

Label: General

Office: GCMS-System

Text: Consent and Declaration Signature / Signature de Consentement et déclaration:

NOTES: 19

Created Date: 2022/09/06

Updated Date: 2022/09/06

Restricted: N

Label: General

Office: GCMS-System

Text: CONSENT FOR USE OF INFORMATION FOR RESEARCH AND EVALUATION PURPOSES /
CONSENTEMENT À L'UTILISATION DE RENSEIGNEMENTS À DES FINS DE RECHERCHE ET

PROTECTED "B" / PROTÉGÉ "B"

GCMS Information Request: Application

Request Identifier: **1A-0000-00000**

Request Date: **2023/06/22**

D'ÉVALUATION: Y