



**Government of Saskatchewan
Immigration Branch**

**SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)
CONFIRMATION OF ENGLISH/FRENCH LANGUAGE ABILITY**

(This form must be completed if your proposed employee's first language is not English or French. This information will be shared with the Employment and Language Training Program in Immigration Branch who may contact you regarding language training for nominees and their families.)

I, _____ of _____,

(Name)

(Company Name)

(Address including City/Town, Province)

(Telephone)

CONFIRM THAT:

1. We have interviewed _____ and are satisfied

(Applicant's Name)

he/she has the English or French language ability sufficient to work in our company as _____.

(Occupation)

2. I have assessed the applicant's language skills to the skills typically needed in the intended occupation in the following manner:

3. It is our intention to help the applicant improve his English or French language skills in the following ways:

4. I have completed this confirmation report accurately and completely to the best of my knowledge.

Signature of Authorized person confirming

Date

Witness

Date

Copy Manager of Language
Training – Immigration Branch