



For administration only

Statut de la demande : Inscrit Liste d'attente

Nom du mandataire ou de l'entreprise _____ Sigle de cours _____

Vous devez fournir ces deux numéros si l'information est connue :

N° de référence individuel _____ IRCC : ID du client _____

Situations admissibles

Citoyenne canadienne naturalisée ou citoyen canadien naturalisé

Résidente permanente ou résident permanent

Personne en séjour temporaire (travailleuse et travailleur temporaire
ou étudiante et étudiant étranger)*

Conjointe ou conjoint d'une personne en séjour temporaire

Enfant à charge d'une personne en séjour temporaire

Personne autorisée à soumettre sur place une demande de résidence
permanentePersonne en séjour temporaire admise pour des motifs humanitaires
ou d'intérêt public

Titulaire d'un Certificat de sélection du Québec

Personne réfugiée à qui on a conféré l'asile

Demandeuse ou demandeur d'asile (non admissible à l'aide financière)

* Les personnes en séjour temporaire doivent respecter les conditions liées à leur statut d'immigration à défaut de quoi elles peuvent :

- perdre leur statut d'immigration;
- se faire refuser une prochaine entrée au Québec ou ailleurs au Canada.

Pour plus d'information, consultez [Immigration, Réfugiés et Citoyenneté Canada](#).

Pièce justificative vue Pièce manquante

J'ai informé l'élève qu'il ou qu'elle ne peut s'inscrire qu'auprès d'un seul mandataire du Ministère par session.

J'ai informé l'élève de la possibilité qu'il ou qu'elle soit transféré(e) ailleurs s'il y a un manque de disponibilité dans l'organisme de son choix.

Nom de la personne assignée à l'inscription _____

Signature du responsable

Date (année/mois/jour)

1. Identification

Gender Female Male

You must write your full
name in capital letters as
it appears on your
immigration document.

Family name at birth

First name(s)

Family name after marriage (if applicable)

Date of birth (year/month/day)

Country of birth

Country of citizenship

2. Residential address

You must indicate the
address where you currently
reside in Québec.

Number

Street

Apartment

City

Province

Postal Code

You must enter your home
phone number, your cell phone
number and your personal
email address.

Home phone

Cell phone

Email

b. You must provide your social insurance number (SIN) OR your individual tax number (ITN) OR your temporary tax number (TTN) so we can pay out your allowances.

To obtain your social insurance number, go to www.servicecanada.gc.ca. Individual tax numbers (ITN) and temporary tax numbers (TTN) are nine-digit numbers provided by the Canada Revenue Agency (CRA) to non-residents who need an identification number but cannot obtain a social insurance number (SIN).

c. Social assistance is assistance provided by the Québec government to people who no longer have financial resources (blue-coloured cheque).

Employment insurance is assistance provided by the Canadian government to the unemployed. (yellow coloured cheque).

The Québec Parental Insurance Plan (QPIP) is assistance provided by the Québec government to people taking parental, maternity, paternity or adoption leave.

The CNESST benefit is financial assistance offered to workers who are unable to perform their job after sustaining an employment injury.

3. Application for financial assistance

a) Are you seeking financial assistance from the Ministère for training purposes? Yes No

b) Provide:

- your social insurance number (SIN) _____
- expiration date of your social insurance number if it is temporary _____
(year/month/day)
- OR your individual tax number (ITN) _____
- OR your temporary tax number (TTN) _____

c) Do you receive:

- | | | |
|---|-----|----|
| – social assistance (welfare) benefits? | Yes | No |
| – employment insurance benefits? | Yes | No |
| – Québec Parental Insurance Plan benefits (QPIP)? | Yes | No |
| – Benefits from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) ? | Yes | No |

4. Protection of personal information

The personal information that you provide on this form is needed to process your application for admission to part-time French courses and for financial assistance. It may also be used by the Ministère de l'Immigration, de la Francisation et de l'Intégration for the purposes of studies, statistical compilations, program evaluation or to provide you with any information likely to facilitate your settlement and integration into Québec society.

Access to this information is restricted to persons authorized under provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, c. A-2.1). You have the right to see any information that concerns you and to have any inaccurate information corrected by sending a written request to the person in charge of access to documents and the protection of personal information, whose contact information is available at <http://www.mifi.gouv.qc.ca/fr/ministere/acces-protection-info/index.html>.

Your personal information is confidential and may not be disclosed without your consent or as stipulated in the *Act respecting Access to documents held by public bodies and the Protection of personal information* (CQLR, chapter A-2.1).

I authorize the Ministère to send the information required for my training and for the payment of my financial assistance, where applicable, to the institution where I am taking my French course as well as Emploi-Québec. I also give my consent to the institution where I am taking my French course to send the Ministère information related to my training.

_____	_____
Your signature	Date (year/month/day)

5. Student Declaration

I understand and agree to the following:

All the information provided on this form is truthful, complete and accurate.

All the photocopies of immigration documents provided in support of my application are accurate and complete reproductions of the original documents.

The Ministère may require me to provide written proof to support the information provided in my application.

If I provide incorrect or misleading information, false documents or modified or altered documents, the Ministère may:

- terminate my training at any time or stop my financial assistance payments;
- refuse to examine any new application that I may submit in the three years following the submission of this application.

I am required to advise the Ministère of any change in the information provided in this form from this day until the conclusion of my training. I declare that the information provided in my application is accurate.

Don't forget to read, sign and date this declaration.

Your signature

Date (year/month/day)

Évaluation de classement (for administration only)

Scolarité (nombre total d'années d'études) : _____ ans

Cours de français déjà suivis (année, durée, établissement) :

Langue maternelle : _____

Autres langues parlées : _____

Niveau de compétence langagière

Production orale _____ Production écrite _____ Compréhension orale _____ Compréhension écrite _____

Documents preuves de niveau

Bulletin MIFI Bulletin MEQ Test standardisé Évaluation MIFI

Disponibilité de l'élève

En semaine Matin Après-midi Soir Samedi Matin Après-midi Dimanche Matin Après-midi

Recommandation sigle de cours : _____

Remarque : _____

Nom de l'évaluatrice ou de l'évaluateur du Ministère (s'il y a lieu) : _____

Signature

Date (année/mois/jour)