

### 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 permanente

Personne 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)

Your personal reference number is indicated on your Certificat de sélection du Québec (Québec Selection Certificate) or your Certificat d'acceptation du Québec (Québec Acceptance Certificate) or any other personal correspondence from the Ministère.

## 1. Identification

Gender    Female    Male

▶ Personal reference number \_\_\_\_\_

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 \_\_\_\_\_

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](http://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).

### ▶ 3. Application for financial assistance

a) Are you seeking financial assistance from the Ministère in order to take French courses? Yes No

▶ b) Provide:

– Your social insurance number (SIN)

– Expiry 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) Are you receiving :

– **Social assistance (welfare) benefits?** Yes No

Welfare is assistance provided by the Québec government to people who have no more financial resources (blue coloured cheque).

– **Employment Insurance benefits?** Yes No

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

– **Québec Parental Insurance Plan benefits?** Yes No

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

– **Benefits from the Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)?** Yes No

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

– **Benefits under the Mesure de formation de la main-d'œuvre à l'intention des individus or under the Objectif Emploi program of the Ministère du Travail, de l'Emploi et de la Solidarité sociale (MTESS)?** Yes No

The Gouvernement du Québec assistance is for people who need training to keep their job or find a new one. The employment assistance allowance is a benefit paid by the MTESS to support the skills development of people at risk of losing their job. The Objectif Emploi program provides income support and personalized support so that participants can join the labour market and acquire financial autonomy.

#### 4. Financial assistance for childcare expenses

Are you applying for financial assistance for the reimbursement of childcare expenses for your children or dependents?

Yes      No

If you checked "No", go to section 6 of the form.

If you checked "Yes", please complete the information for each child or each dependent for whom you pay childcare expenses.

Family name	First name	Date of birth (year/month/day)	Name of childcare service provider

Please attach:

- a copy (both sides) of the immigration document containing the names of your children born outside Canada;
- a copy of the birth certificate for each of your children born in Canada.

#### 5. Declaration for childcare during your training

I understand and agree to the following:

- My spouse does not receive a childcare allowance from the Ministère de l'Immigration, de la Francisation et de l'Intégration.
- My spouse and I do not receive any childcare allowance from another agency or program for the children or dependents listed in the table in section 4.
- My spouse is unable to take care of my children or dependents during my courses.
- I undertake to provide, upon request, the originals of my childcare receipts.
- I am aware that the information I submit will be verified by the Ministère and that the Ministère may stop paying me allowances or even require that I reimburse the amounts received if I provide false or misleading information or documents.
- I have read the eligibility terms and conditions for the Financial Assistance Program for the Linguistic Integration of Immigrants.
- I shall undertake to inform the Ministère of any changes regarding the care of my children or dependents until I have finished my training.

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

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date (year/month/day)

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## 6. 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 [www.mifi.gouv.qc.ca/fr/ministere/acces-protection-info/index.html](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)

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## 7. Student Declaration

I understand and agree to the following:

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

All copies of the 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. In this case, it will take longer to process my application.

If I provide incorrect or misleading information, false documents or modified or altered documents, the Ministère may, at any time, terminate my training or stop my financial assistance payments.

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.

You must send the form  
duly completed bearing  
the original signature. ►

\_\_\_\_\_  
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) :

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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)