

PART-TIME TRAINING
(Application form)

Name of the educational institution: _____
 Title of the course: _____

PERSONAL INFORMATION

Family name: _____ Given name: _____

Address: _____

Street / Apt. / City / Postal code

Tel. no. : [] Work: []

E-mail address (Mandatory): _____

Born in Canada: Yes No

Date of birth: _____ Sex: F M

Level of education and year attained: _____ Diploma obtained: Yes No

Type of diploma: _____

EMPLOYMENT SITUATION

Job title: _____ Starting date: _____
 month / year

Company : _____

Address : _____

Full time Part time Seasonal

Number of hours per week: _____

| | |
|---|--------------------------|
| You work: for a private company | <input type="checkbox"/> |
| for a non-profit organization | <input type="checkbox"/> |
| You are: self-employed | <input type="checkbox"/> |
| the owner of a business | <input type="checkbox"/> |
| You are: employed in a field not related to your area of study | <input type="checkbox"/> |

COULD THIS TRAINING IMPROVE YOUR EMPLOYMENT SITUATION? YES
 NO

Please provide reasons justifying your answer: _____

I hereby declare that the information provided above is true and I authorize Emploi-Québec and the institution offering the above training to exchange any personal information necessary for my participation in the training and for any follow-up required.

Signature

Date