

FRANCIZATION – FULL-TIME COURSES

Please carefully read the content of the kit before completing your application form

CONTENT OF THE KIT

This kit will enable you to apply for admission to full-time francization courses and obtain, if you are eligible, financial assistance from the ministère de l'Immigration, de la Diversité et de l'Inclusion (MIDI). It includes the following documents :

- Application form for admission to full-time French courses;
- The instructions on how to complete the form;
- Appendix 1 : Determination of eligibility for the francization training program;
- Appendix 2 : Required immigration documents;
- Appendix 3 : Determination of eligibility for financial assistance;
- Check list.

RETURN OF APPLICATION

You must send your application to the following address:

Ministère de l'Immigration, de la Diversité et de l'Inclusion
Direction du registraire et des services en ligne
800, boulevard De Maisonneuve Est, bureau 301
Montréal (Québec) H2L 4L8

ELIGIBILITY FOR FULL-TIME FRENCH COURSES

Determination of eligibility for full-time French courses and financial assistance will be established on the basis of :

- 1) your statutory situation as attested by the photocopies of the original immigration documents that you must attach to your application for admission;
- 2) the photocopies of your children's original documents that you must attach to your application for admission.

You will find the list of the required original immigration documents in the *Statutory situation and required documents* chart of Appendix 2.

IMPORTANT: make sure to send us legible photocopies otherwise, they will be returned to you with your kit. If you send the photocopy of a *permanent resident card*, please photocopy both sides of the document.

INFORMATION ON THE TRAINING PROGRAM AND THE FINANCIAL ASSISTANCE

For additional information on the training program and the financial assistance, please consult our Internet site at : <http://www.immigration-quebec.gouv.qc.ca/en/french-language/learning-quebec/full-time/>.

Please let us know of any change to be made to your file by writing to the address indicated above. You can also inform us of the changes by calling (514) 864-9191 or, if you reside outside of Montreal, by calling toll free in the other regions at 1 877 864-9191.

Notice

In the present kit, the generic masculine form is used without discrimination and only in order to simplify the text.

INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION FOR ADMISSION TO THE FULL-TIME FRENCH COURSES

How to write letters and numbers

You must write all the information requested in block letters

Examples: Name at birth: **BUI** First name: **THU ANH**
Nationality: **VIETNAMESE**

You must write the numbers "one" and "seven" as they are written in North America.

Examples: "one" = **1** and "seven" = **7**
Date of birth: **1962 / 10 / 27** = 27 October 1962
Year Month Day

Section A : Identification

1. Indicate your personal reference number (numéro de référence individuel). This number begins with the letter **C** and is followed by seven (7) digits. It appears on your *Certificat de sélection du Québec* (CSQ) or on all personal correspondence with the ministère de l'Immigration, de la Diversité et de l'Inclusion (MIDI). Moreover, please attach to your application the photocopies of your immigration documents. See Appendix 2 for more details.
2. Indicate **F** if you are female and **M** if you are male.
3. Clearly write your name at birth and your first name in block letters. Married women must indicate their name at birth (before marriage).
4. Clearly write your date of birth: year, month and day in numerals.
Example: Date of birth: 1962 / 10 / 27 = 27 October 1962
year month day
5. Clearly write your country of birth and your citizenship.

Section B: Address and telephone No.

6. Clearly write your mailing address in block letters. You must reside at the address given.

Example: **360** **McGILL STREET** **315** **MONTREAL** **H2Y 2E9**
(Number) (Street / Ave. / Blvd.) (Apartment) (City) (Postal code)

Note: If your current address is temporary, please inform us of your new address as soon as it will become known to you by using the *Notice of change of address* that you will find in the check list.

7. Write your home telephone number and another number of your choice (work, someone you know, etc.).
8. Write your e-mail address.

Section C : Schooling and knowledge of French

9. Indicate the total number of years of study completed and the level attained.
10. On a scale from **0** to **6**, circle the number that, in your evaluation, describes your level of proficiency in French conversation, reading and writing : **0** = no proficiency
6 = very good proficiency

Example : if you estimate that your ability to converse in French is average, circle number 3 on the scale.

Conversation: 0 1 2 **3** 4 5 6

Section D: Application for financial assistance

11. If you are requesting financial assistance, indicate your social insurance number (SIN) and its expiry date if your SIN is temporary (a temporary SIN begins with the numeral 9). If you do not have a SIN number, contact Service Canada office in your municipality or complete an application form on the Internet site at :
<http://www.immigration-quebec.gouv.qc.ca/en/french-language/learning-quebec/full-time/financial-aid/>.
12. Indicate whether you receive employment assistance or employment insurance.
-Employment assistance (social assistance). The cheque is **blue** and is issued by the Government of Québec to persons who no longer have any financial resources.
-Employment insurance. The cheque is **yellow** and is issued by the Government of Canada to unemployed persons.
13. Indicate whether you have a referral from Emploi-Québec for the francization services provided by the MIDI.
14. If you request day care expenses, please clearly print your spouse's name at birth, first name, date of birth, personal reference number if available, occupation and whether your spouse receives employment assistance or employment insurance benefits. Indicate the family name, first name and date of birth of each one of your children. In addition, you must attach to your application the photocopies of your children's original immigration documents or the photocopies of their birth certificates if they were born in Canada.

Section E: Applicant's declaration

15. Carefully read the Declaration supporting your application. Sign and date it.
16. Carefully read the authorization on the transmission of the personal information transmitted for the training and the payment of the financial assistance. Sign and date the authorization.

Appendix 1	DETERMINATION OF ELIGIBILITY FOR THE FRANCIZATION TRAINING PROGRAM
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ELIGIBILITY

To determine your eligibility, the ministère de l'Immigration, de la Diversité et de l'Inclusion (MIDI) must review your immigration documents.

Eligibility criteria

You must begin your full-time training **no later than five years** after :

- obtaining permanent residence; or
- being authorized to submit in the country an application for permanent residence; or
- being granted asylum.

Note: *Training* means a course session. If you wish to complete the entire full-time training provided by the MIDI, your training must start no later than the beginning of the fourth year following your arrival in the country.

You must also:

- reside in Québec;
- have insufficient knowledge of French for everyday living and working situations;
- be at least 16 years of age;
- belong to one of the classes of statutory situations described in Appendix 2.

Appendix 2	REQUIRED IMMIGRATION DOCUMENTS
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Abbreviations

CIC: Citoyenneté et Immigration Canada (Citizenship and Immigration Canada)

CISR: Commission de l'immigration et du statut de réfugié (Immigration and Refugee Board of Canada)

CSQ: Certificat de sélection du Québec (Québec Selection Certificate)

ERAR: Avis de décision du ministre basée sur un examen des risques avant renvoi (Pre-removal risk assessment)

Important – Make sure that you send us **legible** photocopies, otherwise they will be returned to you with your form. If you send a photocopy of your Permanent Resident Card, photocopy both sides (**front and back**). **Do not send original documents, as the documents submitted will not be returned.**

Statutory situation		Required documents	
		Quebec	Canada
A	Permanent resident (application processed abroad)		Visa affixed in passport abroad AND Confirmation of permanent residence (CPR) OR Permanent resident card
B	Permanent resident (application processed in Canada)		Confirmation of permanent residence (CPR) OR Permanent resident card
C	Person granted asylum	CSQ, R8 (see CSQ, point 9)	OR CISR or CIC notification of positive decision (ERAR)
D	Person authorized to submit in the country an application for permanent residence		Letter from CIC – authorization to submit in the country an application for permanent residence OR One of the following documents: - Visitor record, code 17 - Work permit, code 27 - Study permit, code 37
E	Holder of a temporary residence permit issued in view of an eventual granting of permanent residence or a Ministerial permit		Temporary residence permit with codes 86 to 95 only, or Ministerial permit with the same codes
F	Naturalized Canadian citizen		Document respecting the 1st statutory situation (entitling holder to full-time training)

ELIGIBILITY

To determine your eligibility for financial assistance, the ministère de l'Immigration, de la Diversité et de l'Inclusion (MIDI) must consider your statutory situation and review your immigration documents and those of your children as needed.

A. Eligibility criteria for financial assistance

1. To qualify for financial assistance, you must be eligible for the training program.
2. Your statutory situation determines the type of financial assistance you may be entitled to.
3. The fact that you were granted or denied authorization by Emploi-Québec to follow a francization training also affects the financial assistance you could receive.

WARNING

Recipient of social assistance (employment assistance) or unemployment benefits (employment insurance)

Before returning your application for admission to the francization program (training and financial assistance), please contact the Centre local d'emploi (CLE – local employment centre) nearest your place of residence to have your eligibility established.

4. Individuals who have been admitted to full-time training can receive a childcare allowance if they can establish:
 - a) that they are responsible for the care of a child or disabled person;
 - b) that the child or disabled person is living with them during the entire training period;
 - c) that to benefit from the francization training services, they must find care for these individuals;
 - d) that if they live with a spouse, the latter is unable to look after these persons for one of the following reasons:
 - work;
 - studies;
 - illness.

B. Definitions

Child: A dependent child 12 years of age and under, or over 12 years of age for a child who attends primary school or is physically or mentally disabled, over whom the student or his or her spouse holds and exercises parental authority.

Disabled person: Any individual who is limited in the performance of normal activities and who is suffering, significantly and permanently, from a physical or mental deficiency, or who regularly uses a prosthesis or an orthopedic device or any other means of palliating his or her disability (according to *An Act to secure the Handicapped in the exercise of their rights*).

CHECK LIST

MAKE SURE THAT:

- You have properly completed the application form for full-time French courses and, if applicable, for financial assistance and that you have answered each question;
- You have provided your individual reference number if known;
- You have enclosed all of the required documents:
 - > photocopy(ies) of your immigration documents (see appendix 2);
 - > photocopy(ies) of your children's immigration documents or the photocopy(ies) of their birth certificates if they were born in Canada;
- You have signed and dated the application form in the appropriate places.

We suggest that you make a photocopy of your *Application for admission to full-time French courses* form and that you keep it in your personal files along with this check-list.

Clearly write **your family name and first name and indicate your reference individual number on all correspondence** with the Registraire central du ministère de l'Immigration, de la Diversité et de l'Inclusion (MIDI).

WHAT WILL HAPPEN AFTER YOU HAVE SENT IN YOUR APPLICATION?

- Upon receipt of your application, we will determine your eligibility and we will inform you by mail of our decision.
- If necessary, we will invite you to complete an online test or we will schedule an appointment to assess your knowledge of French.
- As soon as a place becomes available, we will send you confirmation of your registration, with the date, time and name and address of the organization where your training will be held.
- **The MIDI has the right to register you in training premises of its choosing, according to available places.**

WARNING

- All incomplete applications will be returned.
- Envelopes without sufficient postage will not be processed.



NOTICE OF CHANGE OF ADDRESS, TELEPHONE NUMBER OR E-MAIL TO BE RETURNED TO:

Ministère de l'Immigration, de la Diversité et de l'Inclusion
Direction du registraire et des services en ligne
800, boulevard De Maisonneuve Est, bureau 301
Montréal (Québec) H2L 4L8

Individual reference number: C _____

Name at birth: _____

First name: _____

NEW ADDRESS

Moving date : _____
Year / Month / Day

Number Street / Avenue / Boulevard Apartment

City Province Postal code

Personal phone number: _____ Other: _____

E-mail address: _____

A. Identification

1. Personal reference number: C _____ 2. Sex: F M

3. Name at birth: _____
First name: _____

4. Date of birth: _____ 5. Country of birth: _____
Year / Month / Day Citizenship: _____

B. Address and telephone number

6. _____
Number Street / Avenue / Boulevard Apartment

City Province Postal code

7. Personal phone number: _____ Other: _____

8. E-mail address: _____

C. Schooling and knowledge of French

9. Your schooling: _____ years Primary (0 to 8) : Secondary: (9 to 12): Postsecondary (13 and 14): University (15 and more) :

10. Knowledge of French: Conversation: Reading: Writing :

D. Application for financial assistance with respect to the francization training program (Eligibility criteria, see Appendix 3)

11. Are you asking MIDI for financial assistance in order to attend the training: Yes No
If yes, indicate your social insurance number (SIN): _____ Expiry date: _____ (if you have a temporary SIN)

12. Do you receive employment assistance (social assistance) benefits: Yes No
OR employment insurance (unemployment) benefits: Yes No

13. Indicate whether you have a referral from Emploi-Québec: Yes No

14. Familial situation: Are you asking for childcare financial assistance: Yes No
If yes, provide the following information with regard to your spouse:
Spouse's name at birth: _____
Spouse's first name: _____
Spouse's date of birth: _____ (Year / Month / Day) Spouse's personal reference number: C _____
Indicate your spouse's occupation: Work Studies Other Specify: _____
Does your spouse receive employment assistance (social assistance) benefits: Yes No
OR employment insurance (unemployment) benefits: Yes No

Indicate the information pertaining to your children 12 years of age or less (family name, first name and date of birth). See Appendix 3-B

B.	Family name	First name	Date of birth Year / Month / Day
1			
2			
3			

E. Declaration of the candidate

15. Declaration supporting the application:
I declare that the information provided in this form is authentic, complete and accurate and that the photocopies of the immigration documents provided with my application for admission to French courses are true, accurate and complete reproductions of the original immigration documents. I acknowledge being cognizant of the fact that a person who, knowingly, gives a representative of the Minister information that he knows or should know is false or misleading with respect to an application for admission to the training and financial assistance, is committing an offence entailing the rejection of his candidacy.

I understand that I may be required to provide written proof to support the information provided. I acknowledge being cognizant of the fact that the ministère de l'Immigration, de la Diversité et de l'Inclusion (MIDI) may verify the accuracy of the information provided and can at any time terminate my training or my financial assistance benefits on the basis of false or misleading information or documents.

From this date until the end of my training, I agree to inform the MIDI of any changes related to the information provided in this form.

I am cognizant of the fact that the MIDI and the organization where I will undergo my training will share the information necessary to process my application and follow up on it.

Candidate's signature: Year / Month / Day

16. I authorize the MIDI to communicate to its representatives and to Emploi-Québec the information required for the training and the payment of the financial assistance. Moreover, the representatives will communicate to the MIDI the information pertaining to my training.

Candidate's signature Year / Month / Day

FOR MIDI USE ONLY

Training environment : University CEGEP School board NPO Other

Name of partner organization: _____ Course abbreviation: _____

**APPLICATION FORM
RECEIVED ON:**