

Before completing the enrolment application form, please consult the Compulsory Qualification section of the Québec.ca website and the Information Guide (01-1035A). This will help you complete the application form correctly and will provide details about the programs available. You can also contact the Centre administratif de la qualification professionnelle, at 1-866-393-0067 (toll-free). Complete your application online. Print the form and add the date and your signature. Then, send it to the following address along with your payment:

Centre administratif de la qualification professionnelle
Ministère de l'Emploi et de la Solidarité sociale
Case postale 100
Victoriaville (Québec) G6P 6S4

Section 1 – Applicant identity

| | | | | | | | | | | | | | | | | | | | |
|-------------------------|-----------|--|--------------------------------|--|---------------------------------------|-----------|---------|--|--|--|--|-----------|-----------|-------------|-----------|--|--|--|--|
| Last name | | | | | | | | | | First name | | | | | | | | | |
| Social insurance number | | | | | Date of birth Year Month Day | | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | Preferred language of correspondence <input type="checkbox"/> French <input type="checkbox"/> English | | | E-mail | | | | | | |
| Home address | Number | | Street, range road or P.O. box | | | | | | | | | | | | Apartment | | | | |
| | City | | | | | | | | | | | | | Postal code | | | | | |
| | Province | | | | | | Country | | | | | | | | | | | | |
| Home telephone | Area code | | Number | | Work telephone | Area code | | Number | | Extension | | Cellphone | Area code | | Number | | | | |

Section 2 – Program information

Indicate the name of the program in which you wish to enrol and the corresponding code. To do so, please read the application guide. *Please complete a separate form for each program.*

Program name

Program code

If you entered 1-MMFPE or 1-MMFAF, indicate the installation class shown on the classification notice.

Type of application (check one only):

- | | |
|--|--|
| <input type="checkbox"/> Enrolment in a program | <input type="checkbox"/> Recognition of training credentials under a mutual recognition arrangement with France |
| <input type="checkbox"/> Renewal of a certificate of qualification from the Ministère that expired more than one year ago but within the last six years | <input type="checkbox"/> Recognition of skills under an interprovincial agreement on manpower mobility with Ontario |
| <input type="checkbox"/> Certificate of qualification from the Ministère expired more than six years ago (Enrolment for the examination) | <input type="checkbox"/> Recognition of skills under the Canadian Free Trade Agreement (CFTA) |
| <input type="checkbox"/> Certificate of qualification from the Ministère related to drinking water and wastewater treatment, not renewed (enrolment for examination) | <input type="checkbox"/> Recognition of a certificate issued by the Commission de la construction du Québec (CCQ) |
| <input type="checkbox"/> Recognition of skills | <input type="checkbox"/> Recognition of a certificate identified as «Red Seal», issued in accordance with the Red Seal Program |

Section 3 – Employer information

Are you currently studying in the field for which you are filing this enrolment application? Yes No If “Yes,” skip to section 4.

| | | | | | | | | | | | | | | | | | |
|---|-----------|--|--------------------------------|--|--|--|-----|--|-----------|--|--------|--|--------|-------------|-----------|----------|--|
| Business name | | | | | | | | | | Québec business number (NEQ) | | | | | | | |
| Business address | Number | | Street, range road or P.O. box | | | | | | | | | | | | Apartment | | |
| | City | | | | | | | | | | | | | Postal code | | Web site | |
| | Area code | | Number | | Extension | | Fax | | Area code | | Number | | E-mail | | | | |
| Business representative | | | | | First and last name of qualified worker (or journeyperson) | | | | | File number of qualified worker (or journeyperson) | | | | | | | |
| Is the business unionized? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | |

Section 4 – Information about applicant’s geographic mobility

Have you arrived from another province or territory in Canada? Yes No

If “Yes,” – Indicate the province or territory:

– Have you settled in Québec permanently? temporarily?

Section 5 – Information about the applicant’s training and experience

Training

Have you taken any pertinent training courses related to the qualification program in which you wish to enrol? Yes No

If “Yes,” – Please give the names of the courses that you have taken and the names of any diplomas, attestations or certificates obtained:

– Please attach a legible photocopy of each transcript (statement of grades), diploma, attestation or certificate. In the case of a diploma issued by the Ministère de l’Éducation nationale de France, enclose a certified true copy (see definition in the Information Guide).

Certificates of qualification

Do you hold any occupational (vocational) qualification certificates or journeyman competency certificates? Yes No

If “Yes,” – Please indicate the title of each certificate:

– Please attach a legible photocopy of each diploma, attestation or certificate.

Attestation de l’expérience de travail form

Do you have pertinent work experience related to the program in which you wish to enrol? Yes No

If “Yes,” for each work experience related to the program indicated in Section 2, please attach an *Attestation de l’expérience de travail* form from an employer.

Section 6 – Fee

Fee payable:

\$

Please check the means of payment:

Cheque

Money order

} Your cheque or money order must be made out to the Minister of Finance of Québec.

Section 7 – Signature of applicant

Date

Signature

Section 8 – Authorization to disclose information and to perform administrative procedures

I authorize my current employer and previous employers to disclose information from my employment or vocational training file. If I have declared any acquired or recognized experience, training or qualification, I also authorize my current employer and my previous employers, as well as the pertinent training and apprenticeship organizations if any, to disclose information from my file.

I authorize the Ministère and the educational institutions that provide training related to a Drinking Water Operator Qualification Program to exchange the information required to process my application for qualification under such a program.

I am aware that if I enrol in an interprovincial qualification examination, the Ministère will disclose information from my apprenticeship and examination file to Canadian organizations within the management framework for the Red Seal Program.

I am also aware that the information contained in this form will be entered into the Interprovincial Computerized Examinations Management System (ICEMS) and that some of this information will be disclosed to Statistics Canada, in compliance with the *Statistics Act*.

I authorize my employer, if it offers this service, to initiate procedures to renew my certificate or my apprentice card.

Date

Signature of applicant