Application for financial assistance for a part-time French course at a school service centre

A-3593-PA (2022-11)

Please fill in the information about the French course you are	taking at a school service centre:
Session from:	First day of class attendance: (year/month/day)
School service centre:	Establishment:
Course code (e.g., LAN or FRN):	Group number (if known):
Days of the course: Monday Tuesday Wednesda	ay Thursday Friday Saturday Sunday
Course schedule: from to from to from to	from to from to from to
Please tick your situation:	
Naturalized Canadian citizen	Authorized to apply for permanent residency in Canada
Permanent resident Temporary stay permit holder (temporary worker or foreign studer	Temporary stay permit holder admitted for humanitarian or public policy reasons
Dependent child of a temporary stay permit holder	Temporary resident holding a Certificat d'acceptation du Québec
Spouse of a temporary stay permit holder	Refugee granted asylum
Please attach to the form a copy of the document(s) proving your personal reference number indicated on your Certificat de sélection du Québec (Québec Selection Certificate) or your Certificat d'acceptation du Québec (Québec Acceptance Gender Female Male	our immigration status
Certificate) or any other personal correspondence	
from the Ministère. Personal reference number	
You must write your full	11
name in capital letters Family name at birth	First name(s)
immigration document. Family name after marriage (if applicable)	Date of birth (year/month/day)
Country of birth	Country of citizenship
You must indicate the address where you are currently residing in Québec.	
Number Street	Apartment
City	Province Postal code
You must enter your home	11

Cell phone

Email

Home telephone

phone number, your cell

phone number and your personal email address.

3. Application for financial assistance

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

a)	Provide:			
	 Your social inst 	surance number (SIN)		
	 Expiry date of 	f your social insurance number if it is temporary		
	OR your indivi	ridual tax number (ITN)		
	OR your temp	oorary tax number (TTN)		
b)	Are you receiving	j :		
	 Social assista 	ance (welfare) benefits?	Yes	No
		istance provided by the Québec government to people who have ncial resources (blue coloured cheque).		
	 Employment 	t Insurance benefits?	Yes	No
		nsurance is assistance provided by the Canadian government loyed (yellow coloured cheque).		
	 Québec Pare 	ental Insurance Plan benefits?	Yes	No
		rarental Insurance Plan (QPIP) is assistance provided c government to people taking parental, maternity, paternity eave.		
		m the Commission des normes, de la santé et de la sécurité du travail (CNESST)?	Yes	No
		penefit is financial assistance offered to workers who are unable eir job after having sustained an employment injury.		
	à l'intention	ler the Mesure de formation de la main-d'œuvre des individus or under the Objectif Emploi program tère du Travail, de l'Emploi et de la Solidarité sociale (MTESS)?	Yes	No
	job or find a noby the MTESS The Objectif E	ement du Québec assistance is for people who need training to keep their new one. The employment assistance allowance is a benefit paid to support the skills development of people at risk of losing their job. Emploi program provides income support and personalized support spants can join the labour market and acquire financial autonomy.		
	 Payments un 	nder the Programme spécifique d'aide pour les Ukrainiens (PSAU)?	Yes	No
		vides temporary financial assistance from the Québec government arriving in Québec as a result of the war in Ukraine.		

	Are you applying for financial as:	sistance for the reimbursement o	of childcare expenses for yo	ur children or dependants?	
	If you checked No, go to section 6 of the form. If you checked Yes, please complete the information for each child or dependant for whom you pay childcare expenses:				
	Last name	First name(s)	Date of birth (year/month/day)	Childcare provider name	<u>:</u>
					-
					_
					_
	Please attach:				
	 a copy (both sides) of the immigration document showing the names of your children born outside Canada; 				
 a copy of the birth certificate of each of your children born in Canada. 					
	5. Declaration for childcare during your training				
	I understand and agree as follows:				
	 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 are not receiving childcare allowance from any other agency or program for the children or dependants listed in the table in Section 4. 				
 My spouse is unable to provide care for my children or dependants during my course hours. I agree to provide, upon request, original receipts for childcare expenses. 			ırs.		
			e expenses.		
	 I am aware that the information I submit will be verified by the Ministère and that the Ministère may stop paying me allowances or may require me to repay any monies received if I provide false or misleading information or documents. 				
	• I have read the terms and conditions of the Financial assistance program for the linguistic integration of immigrants.				
	 I agree to inform the Ministère of any changes concerning the custody of my children or dependants until my training is completed. 				
Don't forget to read, sign and	>				
date this declaration.	Your signature			Date (year/month/day)	

4. Financial assistance for childcare expenses

6. Protection of personal information and student's statement

The personal information you provide in this form is necessary to process your application for financial assistance.

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, chapter 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.gc.ca/fr/ministere/acces-protection-info/index.html.

The personal information that concerns you is confidential and may not be disclosed without your consent or in accordance with 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 to the institution where I am taking my French course as well as Emploi-Québec the information necessary to the pursuit of my training and the payment of my financial assistance, where applicable. I also give my consent to the institution where I am taking my French course to send the Ministère information related to my training.

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

Your signature	Date (year/month/day)

7. Declaration

I understand and agree as follows:

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 evidence to support the information provided in my application.

If I give false or misleading information, false documents, or altered or falsified documents, the Ministère may:

- 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 notify the Ministère of any changes to the information provided on this form.

I declare that the information entered on my application is accurate.

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

•		
	Your signature	Date (year/month/day)