

Referral Recruitment

Identification of outside partner

Name of organization _____

Address Number Street _____ Room _____

Municipality _____ Postal code _____

Name of assigned representative _____ Telephone Area code _____ Extension _____

Québec entreprise number (NEQ) _____ Contract / agreement number _____ Activity number _____

Emploi-Québec office

Name of employee assigned _____

Telephone Area code _____ Extension _____ Fax _____

Information regarding the activity

Name of measure or program _____ Title of activity _____

Objectives of activity _____

Name of contact person _____ Telephone Area code _____ Extension _____

Name and address of location for the activity _____

Training activity? Yes No **If yes:**

- **Type of establishment:** Private Public Other (*specify*): _____
- **Type of training:** Francization **and** Literacy **Indicate the maximum allowable number of months of eligibility for participation:** _____
 General secondary Vocational secondary Semi-specialized trade Technical collegial Pre-university University
- **Training category:** Regular Lacking (for the purpose of skills recognition)

Identification of person

Last name _____ First name _____ File number (CP-12) _____

Home address Number Street Apartment Municipality Postal code _____

Telephone Area code _____ Other telephone Area code _____ (Specify, where applicable)

Sex Male Female **Date of birth** Year _____ Month _____ Day _____ **Marital status** Single Married De facto spouse Widowed Legally separated De facto separated Divorced Civil union Dissolution of civil union **Social insurance number** _____ **Language of correspondence** French English

Does the person identify himself/herself as a native person? (person of Amerindian or Inuit descent) Yes No **Specify:** _____ (2) No (3) Amerindian living on a reserve (4) Amerindian living off-reserve (5) Inuit (6) Undetermined

If the person was born outside Canada, specify the country of birth: _____ **Date of arrival** Year _____ Month _____ Day _____

Is the person a Canadian citizen? Yes No **If no, is the person a permanent resident?** Yes No **If yes, what is the person's immigrant category?** _____ **If no, is the person a refugee protection claimant?** Yes No

Other situation, *specify*: _____

The following information will help Emploi-Québec determine which service is best adapted to the person's needs.

Does the person have a functional limitation (physical, intellectual or mental impairment)? Yes No **If yes, specify:** _____ (See codes on back of copy 1.)

Level of schooling _____ (0) Elementary (1) Secondary (2) College (3) University **Stage of education** _____ (Number of years completed in the education level achieved)

Employment-insurance status _____ (See codes on back of copy 1.) **Single-parent family** Yes No

The following question is optional: Does the person consider himself/herself to be a member of a visible minority? Yes No

I hereby declare that the information provided is true. I authorize Emploi-Québec and the outside partner to exchange the information needed to carry out and follow-up on my participation in the activity described in the "Information regarding the activity" section.

Date _____ Signature of the person _____

The person's attendance is valid until: Year _____ Month _____ Day _____

Types of functional limitations

Code	Description
LA	Hearing impairment
LP	Speech impairment
LI	Intellectual impairment/learning
LM	Manual impairment
LS	Mental impairment
LV	Visual impairment
MP	Mobility impairment
PR	Respiratory impairment

Employment Insurance status

Code	Description	Definition
A	Eligible without employment insurance benefit	<p>An insured person for employment insurance purposes who applies for assistance as part of an employment measure in order to re-enter the labour force, and who, on the date he or she applies for assistance, is not receiving employment insurance benefits or Québec Parental Insurance (QPIP) benefits, as specified in point 2.1, and is a person for whom:</p> <ol style="list-style-type: none"> 1. an employment insurance benefit period has been established or has ended within the previous 36 months; <p>or</p> <ol style="list-style-type: none"> 2. a benefit period related to the arrival of a child has been established within the previous 60 months and who: <ol style="list-style-type: none"> 2.1 received parental or maternity benefits under the <i>Employment Insurance Act</i> or benefits under the QPIP, and who, were it not for the benefits payable under the QPIP, would have been entitled to benefits related to the arrival of a child under the <i>Employment Insurance Act</i>, and 2.2 withdrew from active participation in the labour force during the benefit period to care for one or more newborn children or one or more children placed with them for the purposes of adoption.
N	Not eligible	Is not an active or eligible employment insurance claimant.
P	Active employment insurance claimant	An insured person for employment insurance purposes who applies for assistance as part of an employment measure in order to re-enter the labour force, and who, on the date he or she applies for assistance, is receiving employment insurance benefits or could receive employment insurance benefits under an employment insurance benefit period that is still in force.