

Information Guide

All of the information requested in this form is required for the study of your application for financial assistance. The Ministère de l'Emploi et de la Solidarité sociale ("the Department") may, at any time and without your consent, check information with public or private organizations in order to verify your eligibility for this program.

After carefully reading the section "Agreement on Program Terms and Eligibility Criteria," please complete all of the sections of the form that apply to you. Once you have completed and signed the form, please send it, along with all of the required supporting documents, to the nearest local employment centre (CLE). We will then get in touch with you.

Note – Before filing an application, you need to make sure that the group of workers to which you belong is eligible for the Support Program for Workers Affected by Collective Dismissals.

Required documents

ID To be provided by you and your spouse

- If you or your spouse were born in Canada:
 - **Canadian birth certificate*** (wallet-sized or large format)

** In Québec, birth certificates are issued by the Directeur de l'état civil. Elsewhere in Canada, they are issued by the office responsible for vital statistics in the province or territory of birth.*
- If you or your spouse were born outside Canada, one of the following documents:
 - **Application for refugee status**
 - **Immigrant Visa and Record of Landing (IMM-1000)**
 - **Confirmation of Permanent Residence (IMM-5292 or IMM-5688)**
 - **Authorization to enter Canada**

and an ID card with a photograph for identification purposes only (health insurance card, driver's licence, passport, permanent resident card). No cards or copies will be kept in your file.

Proof of residence To be provided by you and your spouse

- If you are a homeowner:
 - **Municipal and school tax statements**
- If you are a tenant, roomer or boarder:
 - **Lease or receipts (showing the address)**

Proof of income To be provided by you and your spouse, the following documents will be used to determine your current income and the income that you ceased to receive during the month of your application.

- **Documents related to your work income:** paycheque stubs, employment records
- or** • **Documents related to your income from government agencies:** proof of employment insurance income, income from the Régie des rentes (RRQ) other than child assistance payments, Québec Parental Insurance Plan benefits, compensation from the Commission de la santé et de la sécurité du travail (CSST), compensation from the Société de l'assurance automobile du Québec (SAAQ), Canada Pension Plan income, etc.
- or** • **Documents related to your other income:** proof of income from roomers or boarders, support payments, etc.

Definition of "spouse"

For the purposes of this application, the term of "**spouse**" is defined as follows:

- the person with whom you cohabit and to whom you are married or with whom you have contracted a civil union;
- the person with whom you cohabit and who is the other parent of at least one of your children;
- the person of full age, of the same or opposite sex, with whom you cohabit in a de facto union and with whom, at any one time, you have lived for a period of not less than a year.

Note – For a spouse to be taken into account in the evaluation of your file, he or she must meet the conditions specified in points 3, 4, 5, 6, 7, 8, 9 and 10 of the "Eligibility Criteria" section on the following page.

Agreement on Program Terms and Eligibility Criteria

Eligibility criteria

To be eligible for the program, you must:

1. Be an employee¹ affected by a collective dismissal for which a notice has been sent to the Minister of Employment and Social Solidarity. The collective dismissal must affect at least 50 employees of a given enterprise established in Québec over a period of two consecutive months, and be due to a reduction or cessation of the activities of the enterprise. The length of the collective dismissal must be at least six months.
 2. Not be an employee who has been laid off for an undetermined period of less than six months, or who is on strike or locked out within the meaning of the *Labour Code*, or who has been laid off by an establishment the activities of which are seasonal or intermittent.
 3. Reside in Québec.
 4. Not be a dependent child.
 5. Be one of the following:
 - a Canadian citizen within the meaning of the *Citizenship Act*;
 - a registered Indian within the meaning of the *Indian Act*;or, within the meaning of the *Immigration and Refugee Protection Act*, be:
 - a permanent resident;
 - a person granted asylum in Canada by the appropriate Canadian authority;
 - a person who is seeking asylum;
 - a person who has applied for permanent resident status based on humanitarian or public policy considerations in accordance with this Act, who holds a selection certificate issued pursuant to the *Act respecting immigration to Québec* and whose spouse is a Canadian citizen, a registered Indian, a permanent resident or a person who has been granted asylum.
 6. Not be a person covered by the income security program of the Department of Indian Affairs and Northern Development.
 7. Not attend a secondary-level educational institution in a vocational program or a postsecondary educational institution, other than within the framework of an employment-assistance or social assistance and support measure or program.
 8. Not be incarcerated in a penitentiary or detained in a correctional facility or any other prison, or be required to reside in a half-way house, unless you are an adult accused who is required to reside in a half-way house.
 9. Not be a member of a religious community that has the means to provide for its members.
 10. Not be an adult sheltered in a facility within the meaning of the *Act respecting health services and social services*.
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1. For the purposes of the Support Program for Workers Affected by Collective Dismissals, adults are not considered to be employees if:
 - they cannot prove more than three months of continuous service;
 - their contract for a fixed term or for a specific undertaking has expired;
 - they are guilty of serious misconduct or have been dismissed for cause.

Note – Criteria 3 to 10 also apply to your spouse.

Your obligations

1. File your application using this form and provide any documents or information required to determine your or your family's eligibility or the amount of the benefit.
2. Immediately inform the local employment centre (CLE) of any change in your or your family's circumstances that could affect the benefit granted.
3. Submit a monthly statement of your situation by the date specified using the form provided by the Department.
4. Exercise your rights or avail yourself of any benefits to which you or your spouse are entitled under a statute other than the *Individual and Family Assistance Act*, if the realization of these rights or benefits affects your eligibility for the program or reduces the amount of the benefit.
5. With support from public employment services if applicable, undertake efforts adapted to your situation in order to enter the labour market and, for the duration of the program, remain available for work unless you are unable to work due to your physical or mental condition and your inability is confirmed by a medical document.
6. Not quit or refuse suitable employment without serious cause or deliberately lose suitable employment so as to become or render your family eligible for the program.
7. Reimburse the Department, according to the terms and conditions prescribed in this Agreement, any amounts you unduly receive, unless the amounts were paid due to an administrative error of which you could not reasonably have been aware.

Failure to fulfil any of your obligations may result in the refusal of your application, a reduction in your benefit, the end of your eligibility or a claim for repayment of the amounts granted.

Payment of benefits

The duration of the program is 24 consecutive months within a maximum period of three years following the date of the collective dismissal.

You may be granted financial assistance for the month in which the Department recognizes the eligibility for the program of your group of workers, if your application for assistance is received by the last day of the following month.

Your eligibility is assessed as of the date on which your duly completed and signed application is received by the local employment centre (CLE).

Except under exceptional circumstances, financial assistance granted under the program is paid at the beginning of each month. Financial assistance received under the program is taxable. No amounts are withheld at source.

Overpayments

Claims and recovery

Unless they specifically target last-resort financial assistance programs, the recovery rules set forth in the *Individual and Family Assistance Act* apply to claims for repayment issued under this program.

Recourse

You may apply for an administrative reconsideration of any decision rendered by virtue of this program within 30 days following the date on which you are notified of the decision. You must file your application using the form prescribed for this purpose, which you can obtain from a local employment centre (CLE).

Administrative reconsideration decisions are final and may not be appealed.

You may apply for review of **any claim** issued under this program within 90 days following the date on which you are notified of the claim and, potentially, file an appeal with the Tribunal administratif du Québec. You must file your application using the form prescribed for this purpose, which you can obtain from a local employment center (CLE).

Section 1 – INFORMATION ABOUT THE EMPLOYER AND EMPLOYMENT

SECTION TO BE COMPLETED BY THE DEPARTMENT

Indicate the name of your employer and address of your place of work:

Your job title: _____

Start of employment: Year Month Day End of employment: Year Month Day

Employment status: Permanent Contract On call Seasonal

Date de réception

Année Mois Jour

Vérification des pièces d'identité Date _____

Représentant du Ministère : _____

Numéro de dossier du travailleur : _____

Section 2 – IDENTIFICATION

Do you live with a spouse? (See definition on page 1.)

Yes No

If you answer **yes**, complete all of the sections concerning your spouse.

If you are not married to this spouse or were joined in a civil union, give the date your de facto union began: Year Month Day

If you are not married to this spouse or joined in a civil union and you have been living together for less than one year, indicate whether you lived with this person before the date given. Yes No

If so, specify the amount of time you lived together: From Year Month Day to Year Month Day

Has a child been born of your present union? Yes No

	Worker	Spouse
Last and first names* <small>* According to birth certificate or immigration document.</small>	Last name _____ First name _____	Last name _____ First name _____
Date of birth	Year Month Day _____ Initiales _____	Year Month Day _____ Initiales _____
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social insurance number	_____ _____	_____ _____
Marital status <i>Check the appropriate box.</i>	<input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married or civil union <input type="checkbox"/> 3. Surviving spouse <input type="checkbox"/> 4. Legally separated <input type="checkbox"/> 5. Unofficially separated <input type="checkbox"/> 6. Divorced	<input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married or civil union <input type="checkbox"/> 3. Surviving spouse <input type="checkbox"/> 4. Legally separated <input type="checkbox"/> 5. Unofficially separated <input type="checkbox"/> 6. Divorced
If you are a surviving spouse, separated or divorced or your civil union has been dissolved, indicate the date of this change in your status.	Year Month _____ _____	Year Month _____ _____
Are you member of a religious community?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an adult sheltered in a facility within the meaning of the <i>Act respecting health services and social services</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you incarcerated in a penitentiary or detained in a correctional facility or any other prison, or required to reside in a half-way house?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you were born outside Canada, indicate the date of your arrival and your country of origin.	Date of arrival _____ Country of origin _____	Date of arrival _____ Country of origin _____
Language of correspondence	<input type="checkbox"/> 1. French <input type="checkbox"/> 2. English	<input type="checkbox"/> 1. French <input type="checkbox"/> 2. English
Do you consider yourself to be a Native person (Amerindian or Inuk descent)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are you: <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. an Amerindian living on a reserve? <input type="checkbox"/> 4. an Amerindian living off a reserve? <input type="checkbox"/> 5. an Inuk?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are you: <input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. an Amerindian living on a reserve? <input type="checkbox"/> 4. an Amerindian living off a reserve? <input type="checkbox"/> 5. an Inuk?
If you usually use a name other than the one on your birth certificate, or if you were married before April 2, 1981 , and you use your spouse's family name or both your family names, give this name.	Last name _____ First name _____	Last name _____ First name _____

Section 3 – HOME ADDRESS

Home address

Number _____ Street _____ Apartment _____

Municipality _____ Postal code _____

Telephone (even if it is unlisted)

Home: Area code Number _____ Other (specify): Area code Number _____

Check the box indicating the type of dwelling where you live.

Own home Room Nursing home or intermediate resource
 Apartment Room and board Half-way house
 Other (specify): _____

If you have declared a spouse, does this person live at your address?

Yes No If not, indicate the reason and the address:

YOU MUST ANSWER EVERY QUESTION ON THIS PAGE.

Net salary is calculated:

Employment income includes:

earnings, gratuities, commissions, bonuses, and allowances used to cover personal and living expenses.

by deducting federal and provincial income tax, employment insurance and Québec Parental Insurance Plan contributions, contributions to the Québec Pension Plan or a compulsory pension plan, and union dues from your gross salary.

Section 4 – INCOME OF WORKER*				
EMPLOYMENT INCOME	Do you receive: • work income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Net salary	Week 2 weeks Month
	• gratuities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount	per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• income from a farm operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Farm producer No. Type of product sold	Gross annual sales \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• income from self-employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of work	Net income for the past 12 months \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• income from home child care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , care is provided: <input type="checkbox"/> in your home <input type="checkbox"/> outside your home	Amount Week 2 weeks Month \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
INCOME FROM GOVERNMENT AGENCIES	Do you receive: • maternity, paternity, adoption or parental benefits under the Québec Parental Insurance Plan or the Employment Insurance Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , net amount per week: \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If no <input type="checkbox"/> application is being processed since <input type="checkbox"/> benefits expired on
	• other employment insurance income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Net amount	Week 2 weeks Month \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• an employment-assistance allowance from Emploi-Québec or from the First Nations Human Resources Development Commission of Québec?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• compensation from the Commission de la santé et de la sécurité du travail (CSST)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• Régie des rentes du Québec benefits (excluding the child assistance payment)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• compensation from the Société de l'assurance automobile du Québec (SAAQ)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• Canada Pension Plan income?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• an Old Age Security pension? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• a spouse's allowance? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• a war veteran's allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OTHER INCOME	Do you receive: • income from roomers or boarders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of roomers: _____ \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Number of boarders: _____ \$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• support payments in cash or kind (e.g., accommodation paid in full or in part)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If other, specify: _____	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• income from rent or ownership? (If yes , provide documents to prove net income, e.g., lease, invoices, mortgage statement, municipal and school tax statements, fire insurance statement.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• income from a pension fund (personal or former employer's)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	• other income, earnings or benefits (disability insurance, pensions, mortgage insurance, rent reduction due to work as a janitor, etc.), excluding housing assistance and the Canada Child Tax Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , indicate the source. _____	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Do you expect to receive other income, earnings or benefits (insurance benefits, pension benefits, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , indicate the source. _____	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have you ceased to receive certain income during the past two months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , indicate the date of the last payment. _____	Year Month Day 	

* You must include your current income and any income that you cease to receive during the month of your application.

Section 5 – EMPLOYMENT RESTRICTIONS	
Does your health status allow you to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are pregnant, please indicate your anticipated due date:	Year Month Day

Section 6 – EDUCATION	
Are you currently attending an educational institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If so , indicate the level of education:	<input type="checkbox"/> general secondary <input type="checkbox"/> secondary vocational <input type="checkbox"/> college or university <input type="checkbox"/> other (specify) : _____
Enrolment is	Number of courses
full-time <input type="checkbox"/>	Number of hours or periods per week
part-time <input type="checkbox"/>	Number of credits or learning units
Are you or will you be receiving loans or bursaries under a student financial aid program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so , indicate the source:	_____
• If not , are you enrolled or planning to enrol?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 7 – SOLEMN AFFIRMATION	
<p>I acknowledge that the Ministère de l'Emploi et de la Solidarité sociale has duly informed me that it may check information about me, without my consent, with various public or private organizations, in order to verify my eligibility.</p> <p>I herby confirm, as if under oath, that the information provided in this application form is accurate and complete, and I agree to inform the Ministère de l'Emploi et de la Solidarité sociale immediately of any change in this information. I have read the "Agreement on Program Terms and Eligibility Criteria" section on page 2 of this form, and hereby agree to fulfil my obligations.</p>	
Date _____	Signature of worker _____

YOUR IDENTIFICATION (WORKER)

First name	Last name	Social insurance number
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YOUR SPOUSE MUST ANSWER ALL OF THE QUESTIONS ON THIS PAGE.

Net salary is calculated:

by deducting federal and provincial income tax, employment insurance and Québec Parental Insurance Plan contributions, contributions to the Québec Pension Plan or a compulsory pension plan, and union dues from your gross salary.

Employment income includes:

earnings, gratuities, commissions, bonuses, and allowances used to cover personal and living expenses.

Section 8 – INCOME OF SPOUSE*								
EMPLOYMENT INCOME	Do you receive: • work income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Net salary \$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>	
	• gratuities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount \$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>	
	• income from a farm operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Farm producer No. _____	Type of product sold _____	Gross annual sales \$ _____			
	• income from self-employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of work _____	Net income for the past 12 months \$ _____				
	• income from home child care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , care is provided: <input type="checkbox"/> in your home <input type="checkbox"/> outside your home	Amount \$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
INCOME FROM GOVERNMENT AGENCIES	Do you receive: • maternity, paternity, adoption or parental benefits under the Québec Parental Insurance Plan or the Employment Insurance Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , net amount per week: \$ _____	If no <input type="checkbox"/> application is being processed since _____	<input type="checkbox"/> benefits expired on _____			
	• other employment insurance income?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Net amount \$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>	
	• an employment-assistance allowance from Emploi-Québec or from the First Nations Human Resources Development Commission of Québec?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• compensation from the Commission de la santé et de la sécurité du travail (CSST)?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• Régie des rentes du Québec benefits (excluding the child assistance payment)?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• compensation from the Société de l'assurance automobile du Québec (SAAQ)?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• Canada Pension Plan income?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• an Old Age Security pension? <input type="checkbox"/> • a spouse's allowance? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• a war veteran's allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• income security benefits from the federal government if you belong to a Native community?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
• benefits from another Canadian province or the United States or other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>							
OTHER INCOME	Do you receive: • income from roomers or boarders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of roomers: _____	\$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
	• support payments in cash or kind (e.g., accommodation paid in full or in part)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If other, specify: _____	\$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
	• income from rent or ownership? (If yes , provide documents to prove net income, e.g., lease, invoices, mortgage statement, municipal and school tax statements, fire insurance statement.)	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• income from a pension fund (personal or former employer's)?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	• other income, earnings or benefits (disability insurance, pensions, mortgage insurance, rent reduction due to work as a janitor, etc.), excluding housing assistance and the Canada Child Tax Benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , indicate the source. _____	\$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
	Do you expect to receive other income, earnings or benefits (insurance benefits, pension benefits, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , indicate the source. _____	\$ _____	per _____	Week <input type="checkbox"/>	2 weeks <input type="checkbox"/>	Month <input type="checkbox"/>
Have you ceased to receive certain income during the past two months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes , indicate the date of the last payment. _____	Year _____	Month _____	Day _____			

* You must include your current income and any income that you cease to receive during the month of your application.

Section 9 – EMPLOYMENT RESTRICTIONS	
Does your health status allow you to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are pregnant, please indicate your anticipated due date:	Year _____ Month _____ Day _____

Section 10 – EDUCATION	
Are you currently attending an educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• If so , indicate the level of education: <input type="checkbox"/> general secondary <input type="checkbox"/> secondary vocational <input type="checkbox"/> college or university <input type="checkbox"/> other (specify) : _____	
Enrolment is full-time <input type="checkbox"/>	part-time <input type="checkbox"/>
Number of courses _____	Number of hours or periods per week _____
Number of credits or learning units _____	Are you or will you be receiving loans or bursaries under a student financial aid program? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so , indicate the source: _____	
• If not , are you enrolled or planning to enrol? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 11 – SOLEMN AFFIRMATION	
I acknowledge that the Ministère de l'Emploi et de la Solidarité sociale has duly informed me that it may check information about me, without my consent, with various public or private organizations, in order to verify my eligibility.	
I hereby confirm , as if under oath, that the information provided in this application form is accurate and complete, and I agree to inform the Ministère de l'Emploi et de la Solidarité sociale immediately of any change in this information. I have read the "Agreement on Program Terms and Eligibility Criteria" section on page 2 of this form, and hereby agree to fulfil my obligations.	
Date _____	Signature of spouse _____