French Language Training Reimbursement Program

CONDITIONAL ELIGIBILITY FORM

Name: Agency Name: Position: Department/Program Area: Immediate Supervisor: Contact Information: Work tel: ext.: Work fax: E-mail: Work Address: City & Postal Code Home Address: City & Postal Code Home Telephone: Home E-mail: Please check all that apply: I am a first time participant in the French Language Training Reimbursement Program I have previously participated in the FLTRP; specify course/level: I have direct contact with patients, clients, families and the public Yes No I wish to register for a French as a Second Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language course I wish to register for a French as a First Language Training Reimbursement Program. I am a permanent employee (full-time or part-time). I am proficient at the Intermediate Level or above. I must successfully complete the course, attend 70% of the classes, complete an Evaluation Questionnaire and provide the original receipt of my paid tuition in order to be reimbursed for the tuition fees. If I drop the French Language Training Course, I will be solely responsible for paying any cancellat fees charged by the supplier or the educational insti							
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Please return to the program coordinator, by email at program@accueilfrancophone.com