

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	<input type="checkbox"/>
I have previously participated in the FLTRP; specify course/level:	<input type="checkbox"/>
I have direct contact with patients, clients, families and the public	Yes <input type="checkbox"/> No <input type="checkbox"/>
I wish to register for a French as a Second Language course	<input type="checkbox"/>
I wish to register for a French as a First Language course	<input type="checkbox"/>

COURSE INFORMATION

Name of Training/Educational Institution:			
Course Name/Code/Level:			
Course Start Date:		Completion Date:	
Tuition Cost:		Paid by: participant <input type="checkbox"/>	employer <input type="checkbox"/>

PARTICIPANT DECLARATION

- I understand that completion of this form does not guarantee my participation in the French 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 cancellation fees charged by the supplier or the educational institution.
- I consent to allow the educational institution to release academic information to L'Accueil francophone de Thunder Bay for the purpose of preparing a request for reimbursement.

Signature:

Date:

Please return to the program coordinator, by email at program@accueilfrancophone.com