**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 FLTP; 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 | [ ]  |

**COURSE INFORMATION**

|  |
| --- |
| Name of Training/Educational Institution:       |
| Course Name/Code/Level:       |
| Course Start Date: |       | Completion Date: |  |
| Tuition Cost: |       | Paid by:participant [ ]  employer [ ]  |

**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