**French Language Training Reimbursement Program**

**CONDITIONAL ELIGIBILITY FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Agency Name: |  | | | |
| Position: |  | | | |
| Department/Program Area: |  | | | |
| Immediate Supervisor: |  | | | |
| Contact Information: |  | 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](mailto:program@accueilfrancophone.com)

Revised June 2022