

ELIGIBILITY ATTESTATION

The *Projet d'accompagnement aux entreprises pour favoriser l'accueil de stagiaires* ("Accueillez un stagiaire") is a project of the Fédération de chambres de commerce du Québec ("FCCQ") funded by Student Work Placement Program ("SWPP"), which agrees to operate in accordance with the Personal Information Protection and Electronic Documents Act ("PIPEDA") with respect to any information provided to the FCCQ in the context of the Accueillez un stagiaire project, or otherwise in the context of an agreement relating to the SWPP recipient.

The SWPP is a program funded by Her Majesty the Queen in Right of Canada, as represented by the Minister of Employment and Social Development (Canada). Therefore, Canada or its designated agent may require the personal information collected and compiled under Accueillez un stagiaire and this "Eligibility Attestation" document, to verify that participating students meet the eligibility criteria of the SWPP and therefore companies designated as internship environment are eligible to receive the Internship Wage Subsidy issued under Accueillez un stagiaire.

Eligibility criteria for students :

To be eligible for the SWPP, a student must be:

- (i) enrolled as a Canadian student at the post-secondary institution;
- (ii) a Canadian citizen, permanent resident or a person who has been determined to be a refugee under the Immigration and Refugee Protection Act; and
- (iii) is completing a work-integrated learning component (internship) as part of his or her educational plan.

Based on the information above, as well as our knowledge of the legal status of the student :

enrolled in the program :

at the educational institution :

We certify that he/she meets all the eligibility criteria to participate in the Accueillez un stagiaire project, funded under the SWPP by Canada.

In this sense, as part of his/her study plan, the above-mentioned student will realize an internship at the company :

During the session :

of the year :

- ☐ Summer
- ☐ Fall
- ☐ Winter

..... Section to be completed by the institution's representative

By my signature, I certify that the information contained in this document is accurate.

Signature :

Name :

Title :

Educational institution :

Phone number : Email :

Date :