Accueillez un stagiaire

Pratiques RH
Propulsé par FCCQ

EDUCATIONAL INSTITUTION ATTESTATION

This document must be signed by the educational institution.

The "Accueillez un stagiaire" project, funded by the Government of Canada's Student Work Placement Program (SWPP), is a project of the Fédération des chambres de commerce du Québec ("FCCQ") 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 His Majesty the King 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.

DISCLAIMER

Please have this document read, completed, and signed carefully by the educational institution. Do not attempt to modify this document or delete elements. If there are parts for which you cannot certify eligibility (for example: citizenship or permanent residence), do not complete or sign the document. The student is not eligible for the grant if he or she does not meet ALL of the criteria in this document.

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;**

(iii) and is completing a work-integrated learning component (internship) as part of his or her educational plan

Student name:

Name of the program:

Educational institution:

Company name:

Start and end date of the internship:
(CFP: enter all periods for the same internship if applicable)

Section to be completed by the Institution's representative

This document must be signed by the educational institution

Handwritten or legitimate electronic signature (a signature in text format or in an unauthenticated Adobe version will not be accepted)

☐ I confirm that this student is NOT an International student

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

Signature:

Name:

Title:

Education institution:

Phone:

Email:

Date: