

M.O., 1996**Order of the Minister responsible for the administration of the Act respecting immigration to Québec dated 9 September 1996**

An Act respecting immigration to Québec
(R.S.Q., c. I-0.2; 1993, c. 70)

CONCERNING the prescribed form entitled “Application for Selection Certificate”

WHEREAS under section 3.1 of the Act respecting immigration to Québec (R.S.Q., c. I-0.2), amended by section 2 of Chapter 70 of the Statutes of 1993, the application for a selection certificate shall be filed on the form prescribed by the Minister responsible for the administration of the Act respecting immigration to Québec;

WHEREAS the Minister’s Order dated 30 August 1994, amended by the Orders dated 11 October 1994 and 6 October 1995, prescribes, in particular, the form entitled “Application for a selection certificate”;

WHEREAS it is expedient to replace the form;

THEREFORE, the Minister responsible for the administration of the Act respecting immigration to Québec orders as follows:

THAT the Minister’s Order dated 20 August 1994, amended by the Orders dated 11 October 1994 and 6 October 1995, concerning forms prescribed be amended to substitute the form in the Schedule to this Order for the form entitled “Application for a selection certificate”;

THAT the new form be prescribed as of 1 October 1996.

ANDRÉ BOISCLAIR,
*Minister for Relations
with the Citizens and Immigration*



Gouvernement du Québec
Ministère des Relations avec les citoyens
et de l'Immigration

APPLICATION FOR SELECTION CERTIFICATE

INSTRUCTIONS FOR COMPLETING THIS FORM

Read the following instructions carefully before you complete the form.

HOW TO COMPLETE THIS FORM

1. To complete this form, please use a typewriter or write in BLOCK LETTERS (black ink). Write N/A (non-applicable) beside any question that does not pertain to your situation.
2. If you require more space than that provided, please continue your answer on a separate sheet of paper. Be sure to write the corresponding section number that appears on the left-hand side of the form.
3. Married women must give their surname at birth (family name) in sections 1 and 4.
4. Remember to sign your application in Section 20.
5. The principal applicant must attach a photograph of himself/herself, one of his/her spouse and one of each dependent child in the space provided in Section 21 of the form. If a spouse or dependent child is completing the form, he/she should include his/her photograph only.

FOR WHOM IS THIS FORM INTENDED?

- The principal applicant.
- The spouse to whom he/she is legally married and who is accompanying him/her.
- A dependent child of the principal applicant or of his/her spouse, who is 18 years of age or over, or under 18 if he/she is married, and who is accompanying the principal applicant.

DEFINITION OF A DEPENDENT CHILD

- A) A child under 19 years of age and unmarried (single, widowed, or divorced).
- B) A child who is 19 years of age or over, who is unmarried (single, widowed, or divorced), who has been enrolled in full-time studies* since his/her 19th birthday and who is entirely or almost entirely in the financial care of his/her parents.
- C) A child who was married prior to age 19, who has been enrolled in full-time studies* since his/her marriage and who is entirely or almost entirely in the financial care of his/her parents.
- D) A child who is 19 years of age or over, who has a mental or physical disability that renders him/her unable to be self-sufficient, and who is entirely or almost entirely in the financial care of his/her parents.

* The student must be enrolled in full-time studies in an educational establishment and be taking general, vocational or technical courses on an uninterrupted basis. However, a maximum interruption of a total of one year is admissible.



Gouvernement du Québec
**Ministère des Relations avec les citoyens
 et de l'Immigration**

**APPLICATION FOR SELECTION CERTIFICATE
 SETTLING IN QUÉBEC ON A PERMANENT BASIS**

File No. _____

Individual Reference No. _____

(1) IDENTIFICATION

Surname (family name at birth) _____ First name _____

Other names you have used or under which you have been known, including married if female applicant _____ Sex Male Female

Date of birth: Year _____ Month _____ Day _____ Place of birth: Municipality _____ Province / State _____ Country _____

Citizenship _____ Nationality (if applicable) _____ Passport no. or identity card no. _____

(2) CURRENT MARITAL STATUS (N.B. Please inform us immediately of any changes in status.)

Single Married Divorced Marriage annulled Engaged Separated Widowed

Date and place of marriage: Year _____ Month _____ Day _____ Municipality _____ Country _____

Have you been married more than once? Yes No

(3) PERMANENT ADDRESS

Number _____ Street _____ Municipality _____ Province or State _____ Postal Code _____ Country _____

Mailing address if different from above _____

Telephone No.
 Home: _____ Work: _____ Other (please specify): _____

Fax No.
 Home: _____ Work: _____ Other (please specify): _____

(4) DEPENDANTS WHO ARE ACCOMPANYING YOU (your spouse, your dependent children or those of your spouse, and any dependent child of those children, if applicable). See the definition of "dependent child" provided on the detachable instructions page.

| Surname (Family Name at Birth) | First Name | Relationship to Applicant | Date of Birth | | | Municipality and Country of Birth | Citizenship / Nationality (if applicable) |
|--------------------------------|------------|---------------------------|---------------|-------|-----|-----------------------------------|---|
| | | | Year | Month | Day | | |
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(5) ADDRESS OF YOUR SPOUSE AND ANY DEPENDENT CHILDREN (if different from your permanent address)

Number _____ Street _____ Municipality _____ Country _____ Telephone _____ Fax _____

(10) LANGUAGE SKILLS

| | French | | | | English | | | |
|---------------|-----------|------|------|------|-----------|------|------|------|
| | Excellent | Good | Weak | None | Excellent | Good | Weak | None |
| Comprehension | | | | | | | | |
| Speaking | | | | | | | | |
| Reading | | | | | | | | |
| Writing | | | | | | | | |

What is your mother tongue? _____

Do you speak any other languages? If so, please specify. _____

(11) HAVE YOU EVER BEEN A MEMBER OF AN ASSOCIATION THAT PROMOTES CULTURAL OR ECONOMIC TIES BETWEEN QUÉBEC AND YOUR COUNTRY? IF SO, PLEASE SPECIFY.

| Duration | | | | Name and Address of Association | Type of Association | Position Held |
|----------|-------|------|-------|---------------------------------|---------------------|---------------|
| FROM | | TO | | | | |
| Year | Month | Year | Month | | | |
| | | | | | | |

(12) HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING?

Temporary-resident status in Canada? No Yes Province: _____ Date: _____
 Application accepted Application refused Decision pending

Immigrant status in Canada or another country? No Yes Country: _____ Date: _____
 Application accepted Application refused Decision pending

(13) A) ARE YOU CURRENTLY STAYING IN QUÉBEC? No Yes If "yes", since when? _____

B) PLEASE INDICATE THE REASONS FOR ANY CURRENT OR PREVIOUS STAYS IN QUÉBEC:

DATES

Tourism No Yes _____

Work No Yes _____

Studies No Yes _____

Claiming refugee status No Yes _____

Business No Yes _____

Other (Please specify.) No Yes _____

(14) ANTICIPATED OCCUPATION IN QUÉBEC: _____

(15) HAVE YOU BEEN OFFERED A JOB BY A QUÉBEC EMPLOYER? No Yes if "yes", please specify: In writing Verbally

Name of Employer _____ Address _____ Telephone _____ Job offered _____

(16) DO YOU HAVE ANY RELATIVES OR FRIENDS IN QUÉBEC? No Yes if "yes", please specify:

Name _____ Address _____ Relationship (if applicable) _____

(17) WHAT FINANCIAL RESOURCES DO YOU HAVE AVAILABLE TO SETTLE AS A PERMANENT RESIDENT IN QUÉBEC?

AMOUNT IN CANADIAN DOLLARS: _____

(18) INDICATE THE ADDRESSES WHERE YOU HAVE RESIDED OVER THE PAST TEN YEARS:

| Duration | | | | Number and Street | Municipality and Province / State | Country |
|----------|-------|------|-------|-------------------|-----------------------------------|---------|
| FROM | | TO | | | | |
| Year | Month | Year | Month | | | |
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(19) IN WHICH MUNICIPALITY OR REGION OF QUÉBEC DO YOU WISH TO SETTLE?

(20) INFORMATION

The information requested on this form is needed in order to study your application for a Selection Certificate. Any omission or refusal to respond may result in refusal of the application. Access to the information provided herein is reserved exclusively for authorized personnel by virtue of the provisions of the *Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information* (R.S.Q., c. A-2.1). You may obtain information pertaining to your file held by the *Minister* responsible for the administration of the *Act respecting Immigration to Québec* and, if necessary, corrections may be requested in writing. For additional information, you are requested to contact the office that is processing your application.

The Minister may disclose any personal information provided to the Canadian immigration authorities and to the relevant Québec government bodies if such information is required pursuant to a Québec statute.

DECLARATION OF APPLICANT

I understand that the *Minister* responsible for the administration of the *Act respecting Immigration to Québec* may revoke a Selection Certificate and declare it null and void if it has been granted on the basis of false or misleading information, erroneously, or if the requisite conditions for the issuance of the Selection Certificate cease to exist.

I hereby declare that the information contained in this application is accurate and complete, that I acknowledge that I have been informed that the Minister may verify the veracity of the information contained herein with a third party, and that should I convey any information that I know or should have known to be false or misleading with respect to an application for a Selection Certificate to the Minister or an investigator, I will be guilty of an offence.

In witness whereof, I have signed at _____ on this _____ day of _____ 19 _____
Municipality

Signature: _____

(21) Attach a passport-sized photograph of yourself and any dependants who are accompanying you (your spouse, your dependent children, or those of your spouse, or any child of these dependants).