

Principal applicant

Family name at birth: _____ First name: _____
 Mailing address: _____
 City: _____ Province / State: _____
 Postal code: _____ Country: _____

Country of birth: _____ Sex: F M
 Country of residence: _____ Marital status: single married de facto spouse
 Citizenship: _____ separated divorced widow(ed)

Spouse or de facto spouse (if applicable) (For the definition of a de facto spouse, see the instructions on the detachable page)

Family name at birth: _____ First name: _____

Principal applicant's identification label	Name:		<i>For office use only</i>			
	First name:		Date de réception de la DPI	No de dossier :		
	Address:		_____ / _____ / _____ <small>année mois jour</small>	_____		
	City:		Date d'envoi de la DCS	No de référence individuel :		
	Province / State:		_____ / _____ / _____ <small>année mois jour</small>	_____		
	Country:		Date de rappel	E.M.P. <input type="checkbox"/> P.D.Q. <input type="checkbox"/> E.A. <input type="checkbox"/>		
	Postal Code:		_____ / _____ / _____ <small>année mois jour</small>	T.A. <input type="checkbox"/> ENTR <input type="checkbox"/> Autre <input type="checkbox"/>		
	Code fonctionnaire	CNP _____ CTI _____				
	_____	Suites à donner : _____				

Protection of Privacy

The personal information that is requested in this form is necessary to process your Demande préliminaire d'immigration. It may also be used by the Minister responsible for enforcing the *Act respecting immigration to Québec* for such purposes as studies, statistics, program evaluation, or to provide you with any information that may affect the conditions governing your immigration to Québec, or to provide you with more information concerning the possibilities of applying for permanent immigration.

Access to this information is restricted solely to authorized personnel, as specified in the *Act respecting Access to documents held by public bodies and the Protection of personal information* (R.S.Q., c. A-2-1). You have the right to review the information about you in the Minister's possession, and to submit a request for corrections in writing, if necessary. For further information, please contact the office processing your application.

Personal information is confidential, and may not be disclosed without your consent. However, the Minister may, **without your consent**:

- disclose personal information to Canadian immigration authorities and to Québec government agencies if the disclosure is necessary to enforce a law in Québec;
- be allowed to disclose personal information to those organizations if the disclosure is essential for the performance of their duties or the application of a program under their jurisdiction.

Principal applicant

For office use only

1. Date of birth:

year		month		day			

2. Education, excluding elementary school (*start with your most recent diploma*):

From	To	Name of institution / Country	Name of diploma (or see instructions)	Specialization	Primary language of education
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3. Employment during the past 10 years, including military service (*start with your most recent job*):

(Use a separate sheet if necessary)

From	To	Name of enterprise and country (including your own, if applicable) (Enter full name — no abbreviations)	Job title	No. of hours worked per week
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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4. Stay in Québec:

- Full-time student in Québec
- Work in Québec
- Internship in Québec - bilateral government agreement
- Stay in Québec for other reasons

From	To	From	To
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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5. Language skills:

		None	Beginner					Intermediate				Advanced			
		0	1	2	3	4	5	6	7	8	9	10	11	12	
French:	■ Understand spoken:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	■ Ability to speak:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
English:	■ Understand spoken:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	■ Ability to speak:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Fact.	E.M.P.	Ex. pré.
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Exp. T.A.	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Séjour Québec	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Français	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Anglais	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Spouse or de facto Spouse (if applicable)

(Your spouse or de facto spouse must answer Questions 6 to 10; if you have no spouse or de facto spouse, skip to Question 11.)

6. Date of birth:

year		month		day					

7. Education, excluding elementary school (start with your most recent diploma):

From	To	Name of institution / Country	Name of diploma (or see instructions)	Specialization	Primary language of education																								
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8. Employment during the past 10 years, including military service (start with your most recent job):
(Use a separate sheet if necessary)

From	To	Name of enterprise and country (including your own, if applicable) (Enter full name — no abbreviations)	Job title	No. of hours worked per week																				
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9. Stay in Québec:

- Full-time student in Québec
- Work in Québec
- Internship in Québec - bilateral government agreement
- Stay in Québec for other reasons

From	To	From	To																																
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10. Language skills:

		None	Beginner					Intermediate				Advanced			
		0	1	2	3	4	5	6	7	8	9	10	11	12	
French:	■ Understand spoken:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	■ Ability to speak:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
English:	■ Understand spoken:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	■ Ability to speak:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For office use only

	Fact.	E.M.P.	Ex. pré.
Âge	_____	_____	_____
Scol.	_____	_____	_____
Form. priv.	_____	_____	_____
2^e spéc.	_____	_____	_____
Scol. fr.	_____	_____	_____
Exp. prof.	_____	_____	_____
Exp. gest.	_____	_____	_____
Exp. T.A.	_____	_____	_____
Séjour Québec	_____	_____	_____
Français	_____	_____	_____
Anglais	_____	_____	_____

11. Relatives or friends of the principal applicant or of the spouse or de facto spouse in Québec:			For office use only		
Relationship	Family and first name	Address and telephone no. in Québec	Fact.	E.M.P.	Ex. pré.
_____	_____	_____	Parent/ami	_____	_____
_____	_____	_____			
_____	_____	_____			
12. How much money will you have when you come to Québec? _____ Currency: _____			Cap. fin.		_____
13. Dependent children:			Enfants		_____
	Number	(For the definition of a dependent child, see the instructions on the detachable page.)			
Children aged 0 to 12	_____				
Children aged 13 to 17	_____				
Children aged 18 or over	_____				
14. Intended employment in Québec Principal applicant: _____ Spouse or de facto spouse: _____					
Business plans in Québec					
<i>Fill out this section only if you plan to work for yourself or run a business, factory, or farm in Québec.</i>					
<input type="checkbox"/> Self-employed: work for yourself <input type="checkbox"/> Entrepreneur: operate a business, factory, or farm					
Specify:					
- Total value of assets excluding furniture, vehicles and jewelry: _____					
- Business sector in which you plan to operate: _____					
			Ress. fin.		_____
Declaration of the Principal Applicant and Spouse or de facto Spouse (if applicable)					
I understand that:					
The information in this form may be used in processing my immigration application at a later stage.					
The points assigned for selection factors and criteria will be reassessed during the preliminary review of my "Demande de Certificat de sélection du Québec" (DCS) (Québec Selection Certificate application) and, if applicable, the selection if, in the meantime, my personal situation changes or modifications are made to the lists of occupations in demand, preferred skills, or ineligible occupations.					
I have been informed that:					
If I apply for a Certificat de sélection du Québec, the Minister may obtain third-party confirmation of the accuracy of this information, and I am breaking the law if I give the Minister, inquiry officer, or reviewer information that I know or should know is false or misleading with respect to my Certificat de sélection du Québec.					
I declare that:					
The information contained in this application is accurate and complete.					
_____	_____	_____	E.M.P.	_____	_____
Principal applicant's signature	Date	Signature of spouse or de facto spouse	Employ	E.M.P.	_____
				P.D.Q.	_____
				Assuré	_____
			Total		_____