

APPLICATION FORM

Mobility grants program
for staff members in vocational training



This program is funded by
The *Ministère de l'Éducation du Québec*

GENERAL INFORMATION

School information

School name _____

School services centre / School board _____

Administrative region _____

Person in charge of the project

Surname	First name
Title	
Phone number	Email address

School's head office

Surname	First name
Title	
Phone number	Email address

Finance department

Surname	First name
Title	
Phone number	Email address



PROJECT INFORMATION

Project name _____

Training program _____

Project dates (YYYY-MM-DD) _____
Departure date _____ Return date _____

Number of days devoted to project activities _____

Destination _____

Eligible amount per participant _____

Total amount requested _____

Participants

Number of participants _____

1	Surname	First name
	Title	
	Phone number	Email address
2	Surname	First name
	Title	
	Phone number	Email address
3	Surname	First name
	Title	
	Phone number	Email address
4	Surname	First name
	Title	
	Phone number	Email address
5	Surname	First name
	Title	
	Phone number	Email address



PROJECT DESCRIPTION

1. General information

Give details about your partner and the history of your partnership.

Describe the main activities of your project.
If the project has more than one participant, please distinguish the activities for each one.



2. Objectives and competencies

What activities will be carried out during the realization of the project?

- Teaching and conference
- Research
- Specific activities

What are the main reasons for carrying out this project?
Tick the 4 boxes that best describe your project.

- Improve your knowledge and skills
- Discuss teaching methods and tools used
- Compare study programs
- Share your expertise with the teaching staff of the host institution
- Identify potential locations for students to study or carry out an internship
- Explore new educational material
- Promote Quebec expertise outside of Quebec
- Strengthen relations between educational institutions

As of today, how do you see the potential impacts of this project?
Tick the 4 boxes that best describe the impacts you are foreseeing.

- Implementing new teaching methods or technologies
- Developing partnerships between institutions
- Sharing the acquired knowledge with your students and colleagues
- Aligning your teaching to international standards
- Developing a specialization in your area of expertise
- Improving of your project management skills
- Bringing out new knowledge in your field of specialization
- Developing of your career



Indicate the professional development goals for the participants.
If the project has more than one participant, please define the objectives for each.

Describe the objectives for participants to share their expertise.

3. Relevance, added value, and impact of the project

For the participants – Explain why carrying out this project will be valuable for a professional, personal, and educational development.



For the school – Explain how this project falls within your school’s plan of action in relation to the internationalization of education. What is the added value for your school?

4. Pre-departure activities

Describe all the means implemented to prepare yourself for the intercultural context in which you will navigate during the execution of the project (reading, workshop, etc.). Quantify, if possible, the number of hours spent. If the project is being carried out in another language than yours, please explain the requirements for the success of the project. Identify the steps you have or wish to take regarding the logistics of the trip (accommodation, visa application, transport, etc.). Specify which research is to be or has been carried out within the framework of the project.



TERMS AND CONDITIONS

Personal information, terms and conditions

- We understand that the *Ministère de l'Éducation du Québec* has mandated Éducation internationale (the program administrator) to manage the Mobility grants program for students in vocational training. Participation in this program is voluntary and so is providing required information. However, we understand that refusing to provide the required information could prevent our participation in the program.
- We agree to let Éducation internationale, located at 3005, 4e avenue, bureau 300 in Québec (Québec) G1J 3G6, safely and confidentially keep the personal information provided, for verification and control purposes by the *Ministère de l'Éducation du Québec*, and statistics and accountability reports financial while we manage the program. Only Éducation internationale employees, members of the selection committee, and the employees working on this program from the *Ministère de l'Éducation du Québec* will be able to access the information collected.
- We understand that according to the Act respecting Access to documents held by public bodies and the protection of personal information (RLRQ, chapter A-2.1), we will be able to access our personal information, get a copy of it and modify it if need be.
- We declare having taken out an international medical insurance and an international public liability insurance that covers the participants and that covers professional acts that will be performed in the country, Canadian province, or territory where the project will be carried out.
- We understand that we are responsible for informing ourselves and knowing about health and safety rules and travel advisories by the [Canadian government](#). We understand that our project will not be financed if our destination is subject to a level 3 advisory (avoid non-essential travel).
- We confirm having taken all precautions and measures to carry out the project in a safe environment.

We understand and agree to comply with the terms and conditions listed above.

SUPPORTING DOCUMENTS

- Appendix I: Schedule
- Appendix II: Budget outline
- Appendix III: Partner's letter or email confirming the project



SIGNATURES

Signature of the vocational training centre head office

Surname	First name
Title	
Signature	Date

Signature of the school service centre head office

Surname	First name
Title	
Signature	Date



HOW TO ADD YOUR DIGITAL SIGNATURE TO THE DOCUMENT

Make sure you have Acrobat Reader's latest update.

- 1) Click on the signature field and select « Configure New Digital ID ».
- 2) Select « Create a new Digital ID » and « Save to File ».
- 3) Enter your personal information, keep the rest as it is, and click next to choose a password.
- 4) You can modify the look of your signature if you want to (text, digital picture, drawing).
- 5) Save the form and transfer it to the next person that has to sign it.

Don't hesitate to see this [help document](#) should you have any difficulty with the form.



ADDITIONAL INFORMATION

HOW TO SUBMIT A WELL-ORGANISED APPLICATION

- Fill out the forms on your computer and use digital signatures to submit them. If you are not able to do so, send the form without the signature as well as the scanned copy of the full form with your handwritten signatures.
- Use the supporting documents provided by Éducation internationale. Other types of documents will not be accepted.
- Rename the supporting documents using the titles indicated in this form (try to avoid unclear file names, e.g.: a series of numbers or letters that are generated automatically after a scan).
- Avoid merging different supporting documents in a single file.
- Make sure the documents you submit, especially scanned documents, are of good quality, preferably in colour, readable and the right way up (rotate them if necessary).

SUBMITTING YOUR APPLICATION

Please submit your full application (application form and supporting documents) through the “drop box” available on [our website](#).

DO YOU NEED ADDITIONAL INFORMATION?

You can contact the program’s team at Éducation internationale by [email](#) or by phone at: (418) 651-6447 #147.

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