



FINANCIAL SUPPORT REQUEST FORM COURSE SUBSIDIZED BY THE CPMT

SECTION 1 – EMPLOYEE INFORMATION			
Instructions – This section must be filled out by the employee. Once completed, please hand the form to your employer so they can fill out section 2. Your employer has to send the completed form to the CPA Montréal. Upon reception, a registration confirmation will be sent to you.			
First name _____		Last name _____	
Date of birth Day: _____ Month: _____ Year: _____		Competency card employee number _____	
Contact information Civic #, street name and apartment # _____		City _____	
Province _____		Postal code _____	
Home phone _____	Cell phone _____	Email address _____	
Chosen course _____			

Employee's signature: _____

SECTION 2 – EMPLOYER INFORMATION	
This information is collected as part of a grant program for training from the Workforce Skills Development and Recognition Fund of the Commission des partenaires du marché du travail (CPMT). Any information provided to the CPA Montréal will be handled in a strictly confidential manner. If you have already provided this information, you do not have to fill out the form again. Please check the box provided for this purpose and send it back to us as soon as possible.	
Instructions – This section must be filled out by the employer. Once the form is completed, please send it to the CPA Montréal by email at comptabilite@cpamontreal.ca or by mail, to the attention of the Financial Department, at the following address: CPA Montréal, 509 Bélanger street, Montréal, Québec, H2S 1G5	
<input type="checkbox"/> Please check this box if you already provided this information to the CPA Montréal	
Business name _____	
Quebec Enterprise Number (NEQ) _____	Total payroll for 2014 _____
Phone _____	Email _____

Name & Title of authorized person: _____

Signature: _____