

Practical Work Experience Authorization Request Form



500, Place d'Armes, Suite 1800
Montréal (Québec)
H2Y 2W2
Telephone: (514) 861-1823 or 1 800 463-0163
Fax : (514) 861-7661
www.cga-quebec.org
stage@cga-quebec.org

Please print.
Do not write in shaded area.

Documents to be joined	
• Employer's letter	• Job description

Take note

To submit a proposal for their practical work experience, candidates must have completed a minimum of 45 credits toward their B.A. (or equivalent).
The approved practical work experience program is deemed to begin on the date all the documents for the PWEF Authorization Request are received by the Ordre.

Trainee identification		Candidate number		5					
Legal name				First name					
Address (No., street and apartment)									
City				Province			Postal code		
Telephone home ()				Telephone office ()			Extension		
Fax ()				E-mail					
Name of the employer				Position					
Supervisor's name and position									
Number of hours worked per week				Duration of contract (if applicable)					
Company description							Number of employees		
Address of the employer (No., street and suite)									
City				Province			Postal code		
Telephone ()				Extension			Fax ()		

Important

You must submit a letter of attestation signed by your employer together with your application. The letter must be printed on the employer's letterhead and must include the following information: title of position held, hiring date, number of hours worked per week, detailed description of duties indicating the percentage of time spent on each. Photocopies are not accepted. If you work in an accounting firm, your PWEF counselor must also work in an accounting firm. Please make sure that your form is duly completed and signed by your counsellor and yourself failing which your file will not be processed.

Signature

Date

ACT RESPECTING THE PROTECTION OF PERSONAL INFORMATION IN THE PRIVATE SECTOR (L.Q., 1993, C.17)

In carrying out the functions and responsibilities it exercises under the Code des professions (L.R.Q., c. 26), the Ordre des CGA du Québec obtains, stores and makes use of personal information. The personal information obtained using this form will be placed in files that the Ordre may established concerning you as a registered student or a candidate.

Such files will be treated as confidential. The information in the files held by the Ordre is accessible only to its employees, agents and representatives who need it in the course of their work. You may consult and correct the information concerning you by sending a written request to the Education Department at the Ordre's head office where the files are kept.

Request form continued on next page

Practical Work Experience Authorization Request Form (continued)

Please print.
Do not write in shaded area.

PWEP Counselor identification <i>(the counselor must hold a CGA designation)</i>										
Are you already a PWEP counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No					Member number					5
Legal name				First name						
Address (No., street and apartment)										
City				Province			Postal code			
Telephone home ()				Telephone office ()			Extension			
Fax ()				E-mail						
Name of the employer				Position						
Address of the employer (No., street and suite)										
City				Province			Postal code			
Telephone ()				Extension			Fax ()			
<i>"I hereby solemnly declare not to reveal nor disclose without trainee and Ordre des CGA du Québec authorization anything I might have learned while fulfilling my duties as PWEP Counselor".</i>										
Signature _____						Date <u>AAAA / MM / DD</u>				
Accepted <input type="checkbox"/> Refused <input type="checkbox"/> Date: _____ Master file: _____ MI: _____ By: _____ FO: _____ Comments: _____ SA: _____										