

1 APPLICANT'S IDENTIFICATION			
Permanent Code		Social Insurance Number ¹	
Surname at Birth		Date of Birth y m d	
Father's Surname		First Name	
Mother's Maiden Name		Father's First Name	
Spoken language(s): <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)		Mother's First Name	
Canadian Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No		Written language(s): <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other (specify)	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
2 APPLICANT'S CONTACT INFORMATION			
Civic N°, Street Name, Apartment N°			
Municipality		Province	Postal Code
Telephone N° (home)	Telephone N° (work)	Extension :	Telephone N° (cell phone)
Email Address	Name of person to contact in case of emergency		Emergency Telephone N°
Relation to applicant:			
3 COURSE IDENTIFICATION AND LODGING			
Program Name			Code
Course Title			Course N°
Date of Beginning of Course y m d 0 7 1 0 0 1	Location of Course ENPQ		Lodging <input type="checkbox"/> No <input type="checkbox"/> Yes Check in : Check out :
4 PROFESSIONAL PROFILE			
Organization		Function	
Badge N° (if applicable)		Rank (if applicable)	
5 INFORMATION			
Use a separate form for each course. You must answer all the questions on this form or else your FILE WILL BE CONSIDERED INCOMPLETE. Please invoice : <input type="checkbox"/> Applicant <input type="checkbox"/> Employer – Company Name : <input type="checkbox"/> ENPQ – Budget Code :		École nationale de police du Québec Contact information: Registrariat École nationale de police du Québec 350, rue Marguerite-D'Youville Nicolet (Québec) J3T 1X4 Telephone N°: (819) 293-8631 – Fax N°: (819) 293-2541 Email Address: formesure@enpq.qc.ca	
6 AGREEMENT, CONSENT AND APPLICANT'S SIGNATURE			
I, the undersigned, agree to respect all the regulations, policies, instructions, procedures and rules in force at the École nationale de police du Québec (hereafter referred to as the "ENPQ"). I declare that the information given above as well as the documents attached to this form are accurate. In pursuing this application, I authorise the schools I attended and the ministère de l'Éducation, du Loisir et du Sport to send the information that is included in my transcripts and that is necessary in treating my file to the ENPQ, as well as to the Conférence des recteurs et des principaux des universités du Québec (CREPUQ) within the framework of the mandate it carries out for these schools. Lastly, I authorise the ENPQ to give the results, as well as any document or information that concerns me, to my employer ² .			Date y m d
Applicant's Signature			

¹ The Social Insurance Number is necessary for issuing tax receipts.

² This authorisation may be revoked at any time.