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| Une image contenant texte, Police, logo, capture d’écran  Description générée automatiquement | **Formation créditée reconnue 2024-2025** |

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| **Partie 1 - demande de subvention (il est important de transmettre le programme et les cours avec la demande) Pour remplir le formulaire, cliquez sur AFFICHAGE, MODIFIER LE DOCUMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Votre association professionnelle :** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| **Nom :** | |  | | | | | | | | | | | | | | | | |  | | | | | **Prénom :** | | | | |  | | | | | |  |
| **Fonction et service:** | | | | | |  | | | | | | | | | | | | |  | | | | | **Date d’entrée en fonction :** | | | | | | | | | |  |  |
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| **Tél. bureau et no poste :** | | | | | | | | | | |  | | | | | | | |  | | | | | **Courriel :** | | | |  | | | | | | |  |
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| **Nom de votre CSS ou CS :** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Adresse du CSS ou CS :** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Ville :** | |  | | | | | | | | | | | | | | | |  | | | | **Code postal :** | | | | |  | | | | | | | |  |
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| **Téléphone  :** | | | |  | | | | | | | | **No de poste** : | | | | | | |  | | | | | | **Cellulaire :** | | | | | | | |  | |  |
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| **supérieur immédiat (prénom et nom)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **Téléphone :** | | | | |  | | | | | | | | **No de poste** : | | | | | | |  | | | | | | **Courriel :** | | | | | |  | | |  |
| **Programme, précisez :**  ***Joindre le programme et la liste des cours*** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Date début du programme :** | | | | | | | | | |  | | | | | | | | | | | | | ***Établissement :*** | | | | | | |  | | | | |  |
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|  | ***Date*** | | | | | | | | | | | | | |  | | | | | | ***Signature du supérieur immédiat*** | | | | | | | | | | | | | |  |

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| **Partie 2 - demande de remboursement** | | | | | | | | | | | | |
| **Programme, précisez :** | | | |  | |  | |  | | | |  |
|  | | | | Programme | |  | | Établissement | | | | |
| **IMPORTANT** : **Le montant de la subvention est de 100 $ par crédit (15 premiers crédits) pour une formation reconnue**. | | | | | | | | | | | | |
|  | | Je déclare ne pas avoir reçu d’autres remboursements pour les frais scolaires. | | | | | | | | | | |
|  | | Je déclare ne pas avoir fait de demande de remboursement auprès de mon CSS/CS. | | | | | | | | | | |
| **Le remboursement doit être effectué :** | | | | | à la personne | | | | | | au CSS ou à la CS | |
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|  | ***Nom en lettres moulées*** | | | |  |  | ***Signature du supérieur immédiat*** | | | | |  |
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|  | ***Date*** | | | |  |  | ***Signature du candidat*** | | | | |  |
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**Transmettre ce formulaire à** [**cpcg@aqcs.ca**](mailto:cpcg@aqcs.ca) **avant le 15 novembre 2024.**