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| Logo_CSDMnoir%5b1%5d | **FICHE DE RENSEIGNEMENTS**  **Parcours de formation axée sur l’emploi** | | | | | |  |
| Année scolaire | 20 | - | 20 |

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| **L’élève** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom : |  | | | | | | | | | | | | | | | Prénom : | | | | |  | | | | | | | | | | | | | | | | | | Sexe : | | | F  M |
| Adresse : | | |  | | | | | | | | | | | | | | | | | | | | | | Ville : | | | | |  | | | | | | | | | | | | |
| Code postal : | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Tél. : | | | | | |  | |
| Code permanent : | | | | | | | |  | | | | | | | | | | | | | | | Courriel : | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | No d’assurance maladie : | | | | | | | | | |  | | | | | | | | | |
| Personne à contacter en cas d’urgence : | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Tél. : | | | | | |  | | |
| Cellulaire : | | | | | | | | | | | | | | Père : | | | | | | | | Mère : | | | | Tuteur : | | | | | | | | | |  | | | | | | | |
| Autre personne à contacter en cas d’urgence : | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Tél. : | | | | | |  | | | |
|  | | | | | | | | | | | | | | Père : | | | | | | | | Mère : | | | | Tuteur : | | | | | | | | | |  | | | | | | | |
| Cellulaire : | | | | | | | | | | | | | | | | | | | | Code postal : | | | | | | |  | | | | | | | | Tél. : | | | | |  | | |
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| **L’entreprise** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Raison sociale : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adresse : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ville : | |  | | | | | | | | | | | | | | | | | | | | | | Code postal : | | | | | | |  | | | | | | | | | | | |
| Mandataire du milieu de travail : | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Tél. : | | | | | |  | | | | | |
| Superviseur(e) du milieu de travail : | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Tél. : | | | | | |  | | | | | |
| Remarques (ex. : moment à privilégier pour téléphoner ou pour les rencontres de supervision) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Stage** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N° de métier : | | | | | |  | | | Métier : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Crédit d’impôt / Superviseur(e) du milieu de travail** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre d’heures de supervision auprès du ou de la stagiaire / sem. : | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Remarques : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| L’attestation de participation sera expédiée à : | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **L’École** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Superviseur(e) du milieu scolaire : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Tél. : | | | | | |  | | | | | |
| Dates des supervisions (visites) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| auprès de l’élève-stagiaire : | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fréquence : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |

2008.11.07