Research Branch

Horticultural Research and Development Centre 430, Gouin Blvd, Saint-Jean-sur-Richelieu (Quebec), J3B 3E6

Telephone: (450) 346-4494 ext.182

Fax: (450) 346-7740

CAREER FOCUS PROGRAM

IDENTIFICATION OF THE CANDIDATE FOR POST-DOC INTERNSHIP

Please fill this form for each candid	ate									
Family Name First Name		<u> </u>		Social	Social Insurance Number		Sexe			
							Male		Female	
Address				Date o	f Birth (DD/MM/YYYY)*	Citizenship				
City							Canadia	an		
Oily					*YOU HAVE TO SEND YOUR BIRTH CERTIFICATE		☐ Immigrant *			
Province		Postal C	ode	Teleph (one Number	*	* YOU HAVE TO SEND YOUR IMMIGRATION PAPERS			
Schooling		1			•	ı				
Last Frequented Institute	City				Degree Collegial (CEGEP) University					
Diploma Obtained or Aimed *			Date of Completion or Expected			1st cycle (bacc.)				
*YOU HAVE TO SEND YOUR DIPLOMA OR TE					2nd cycle (master)					
☐ Female ☐ Disabled ☐ Native ☐ Visible Minority							3rd cycl Other	e (doc	toral)	
Expected From To Employment Period						Candidate's Salary				
Post-doc Candidate Signature						Date				
Identification of the Ministry										
Name of the Ministry					Name of the Supe	Name of the Supervisor				
Address										
City						Scientific Director's Signature				
Province	Postal C	ode		_						
Telephone	Fax				Date					
()										
Agriculture and Agri-Food Canada		Tai					T_			
Candidate Eligible		Signatur	e				Date			
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At any time candidate may contact Agriculture and Agrifood Canada for references or further informations.

Personal information will be protected under the provisions of the Privacy Act and will be stored in Personal Information Bank AAFC/PPU130.

