



Liberté • Égalité • Fraternité
RÉPUBLIQUE FRANÇAISE

EMBASSY OF FRANCE IN CANADA

Update : 05/05/2009

YOUTH EXCHANGE AGREEMENT

2C VISA APPLICATION KIT: Company Internship

The 2C visa kit was created by the Embassy of France in Canada to enable you to prepare and submit a complete file to the visa services at the General Consulate of France in your district. We kindly request that you present your file in the order indicated in the check list.



TABLE OF CONTENTS

1. 2C visa: presentation	2
2. Eligibility	2
3. Required documents	2
4. Photo specifications	5
5. Applications for long-term (> 3 months) or short-term (< 3 months) visas..	5
6. Affidavit	14
7. Proof of sufficient financial means	15
8. Tripartite internship agreement	16
9. Document check list.....	21
10. How and where to submit your visa application?.....	22

1. 2C visa: presentation

This visa is intended for young Canadians wishing to complete an internship related to their studies or training. The internship conditions must be defined by a tripartite convention concluded between the academic establishment in Canada, the host company in France and the student.

↳ *Length of stay: less or equal to 12 months*

2. Eligibility

- **Must be between the ages of 18 and 35 upon submission of application;**
- **Must be a Canadian citizen residing in Canada upon submission of application;**
- **Must be in possession of a Canadian passport, valid for a minimum of three(3) months after the completion of the visit;**
- **Cannot obtain this visa, or two other types of visas in this agreement, more than once; and,**
- **Must be financially stable for the duration of the visit.**

3. Required documents

Please see the following list of documents that you will be required to provide. Visa Services will return all original documents.

- **A short-term stay visa application for a stay inferior or equal to 90 days, or two long-term visa applications for a stay lasting longer than 90 days, duly completed and signed.**
- **Three recent identity photos. One photo must be affixed to each form and a third must be added to the file (see section 4 for more details). Photocopies will not be accepted.**
- **If the application is submitted by mail, please attach a document specifying the departure date from Canada to France.**
- **Your Canadian passport + photocopy. It must be valid for at least three months after the end of your stay in France. It must contain your signature as well as a minimum of two blank pages. The visa is validated by a sticker that will be affixed to one of the pages of the passport.**
- **Return flight ticket, or proof of sufficient financial means to purchase a ticket before your departure (minimum of CAD \$1,000 or CAD \$1,500 if you reside in the Vancouver district).**

- **Proof of financial resources, amounting to at least CAD \$1,000 per month of stay to cover the expenses of the trip. Proof examples:**
 - Letter from your bank or bank statement proving that you possess the minimum amount required to obtain your visa. Your name and bank coordinates must be indicated on the document as well as the name and signature of a bank representative. Documents obtained through the Internet or from automatic teller machines are not accepted; or,
 - A declaration under oath by a guardian, attesting that they will provide the minimum required amount of \$3,000, signed before a public notary, who will then notarize and sign the document. If the guarantor resides in France, attach proof of financial support, such as a bank statement, tax form, letter from employer, etc., and proof of French nationality or residence status in France, i.e. residence permit.
- **The tripartite internship agreement signed by the student, the Canadian institution and the host society in France + photocopy. The institution representatives must include their name, functions and the official seal of their organisation.**
- **Proof of enrolment in a university or other academic facility in Canada (photocopy of your annual student card or enrolment certificate issued by the university or the establishment).**
- **An Xpress, Fedex or Purolator envelope with prepaid postage for the return of your file (if your application is submitted by mail).**
- **A document from your provincial insurance provider (letter of agreement with health care provider), indicating that you are covered by your provider for the length of your stay in France (original + copy).**
- **An additional medical insurance certificate, providing full coverage (for health risks, medical bills, medication, hospitalization, repatriation, etc.) during the entirety of the stay, is strongly advised due to the fact that the provincial medical plan is insufficient. This is mandatory for all stays less than six months.**
- **An insurance certificate for personal liability—this insurance covers you for unintentional bodily injuries or property damage resulting from your personal actions—or a statement (affidavit) requesting that you acquire this insurance upon arrival in France (original + copy).**

In regard to the last two insurance certificates, you must include in your file the following documents:

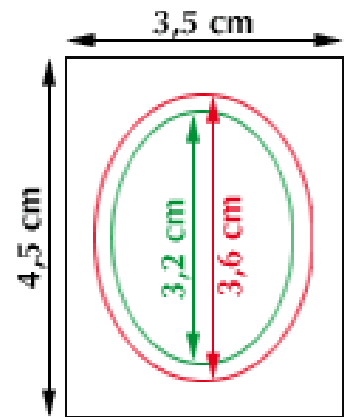
- 1. Proof of purchase;**
- 2. Your name, address, coverage dates and the signature of an authority, which must appear on the documents;**
- 3. The policy brochure, containing the terms and conditions for each insurance; and,**
- 4. A photocopy of the corresponding pages, or a second brochure highlighting the exact passages showing that the applicant will be covered for the entirety of the stay in France, and the passage indicating the guarantees offered.**

4. Photo specifications

In order to avoid all file-processing delays, please abide by the following recommendations for identity photos. Only photos taken by professional photographers are accepted.

a. FORMAT:

- The format for the photos must be 3.5 X 4.5 cm in colour (1.4" X 1.9")
- The photos must show the full front view of the head, with the face in the middle of the photo, and include the top of the shoulders.
- The size of the head, from chin to crown, must be between 32 mm and 36 mm or must fill 70% to 80% of the picture.
- The applicant's face must be square to the camera.
- The photos must be identical and taken within the last six months and give a perfect representation of the applicant's current appearance.
- It is advised that the photos not be cut.



b. QUALITY OF PHOTOS:

- The brightness and contrast must show the natural colour of the skin. There should be no glare or red eye.
- The applicant should have a neutral expression, neither frowning nor smiling, with their mouth closed and eyes clearly visible.
- Stylized poses (over the shoulder look, leaned head, etc.) are prohibited.
- The head must not be covered with a headdress or scarf, headband or other decorative objects. There are no exceptions to this rule.
- If you wear glasses, you are not required to wear them in the photograph. You may wear non-tinted or tinted prescription glasses as long as your eyes are clearly visible. Make sure that the frame does not cover any part of your eyes. Sunglasses are not acceptable.

5. Applications for long-term (> 3 months) or short-term (< 3 months) visas

IMPORTANT

You application will be returned to you if it is not properly completed, or if all of the necessary documents have not been submitted.



DEMANDE POUR UN VISA DE LONG SÉJOUR

(formulaire gratuit)

N° | | | | | | | | | | | | | |

RÉSERVÉ A L'ADMINISTRATION

DATE DU DÉPÔT DE LA DEMANDE

DEMANDE TRAITÉE PAR

CACHET DU POSTE

EMPLACEMENT DU TALON

NATURE DU VISA

LONG SÉJOUR

SÉJOUR TEMPORAIRE

IMPORTANT : TOUTES LES RUBRIQUES DOIVENT ÊTRE COMPLÉTÉES EN MAJUSCULES. EN CAS D'ERREUR OU D'OMISSION, IL NE POURRA ÊTRE DONNÉ SUITE A VOTRE DEMANDE. LE FORMULAIRE DOIT ÊTRE DATÉ ET SIGNÉ PAGE 2.

PIECES JOINTES

1. NOM

1.

2. PRÉNOM(S) 3. SEXE (*) M F

2.

NAISSANCE 4. DATE J M A 5. LIEU 6. PAYS

3.

7. AUTRE(S) NOM(S) (JEUNE FILLE, ALIAS, PSEUDONYME, ETC.)

4.

NATIONALITÉ 8. ACTUELLE 9. D'ORIGINE

5.

10. NATURE DU DOCUMENT DE VOYAGE (PASSEPORT, LAISSEZ-PASSER, ...) 11. NUMÉRO

6.

12. NATIONALITÉ DU DOCUMENT 13. DÉLIVRÉ LE J M A 14. EXPIRANT LE J M A

7.

15. ADRESSE (N°, RUE, VILLE, CODE POSTAL, PAYS)
Tél.:

16. PROFESSION

17. EMPLOYEUR (NOM, QUALITÉ, ADRESSE)
Tél.:

18. SITUATION DE FAMILLE (*) CÉLIBAIRE MARIÉ(E) SÉPARÉ(E) DIVORCÉ(E) VEUF(VE)

DÉCISION DU POSTE

19. SI VOUS ÊTES ÉTRANGER AU PAYS DANS LEQUEL LA DEMANDE EST PRÉSENTÉE, VEUILLEZ INSCRIRE LES RÉFÉRENCES DE VOTRE TITRE DE SÉJOUR OU PERMIS DE RÉSIDENCE

DATE :

NUMÉRO DÉLIVRÉ LE J M A A

MOTIFS :

PAR VALABLE JUSQU'À J M A

20. SI VOUS COMPTEZ EFFECTUER CE SÉJOUR EN FRANCE AVEC DES MEMBRES DE VOTRE FAMILLE, VEUILLEZ INDIQUER :

LE LIEN DE PARENTÉ	NOMS, PRÉNOMS	DATE DE NAISSANCE	NATIONALITÉ
<input type="text"/>	<input type="text"/>	<input type="text"/> J <input type="text"/> M <input type="text"/> A <input type="text"/>	<input type="text"/>

21. JE SOLLICITE UN VISA POUR LE MOTIF SUIVANT

ET POUR UNE DURÉE DE

22. QUELLE SERA VOTRE ADRESSE EN FRANCE PENDANT VOTRE SÉJOUR ?

23. EXERCEZ-VOUS UNE ACTIVITÉ RÉMUNÉRÉE EN FRANCE ? (*) OUI NON

SI OUI, LAQUELLE ?

NOM, QUALITÉ, ADRESSE COMPLETE, TÉLÉPHONE DE L'EMPLOYEUR :

PHOTOGRAPHIE
D'IDENTITÉ
(COLLÉE)

24. POURSUIVREZ-VOUS DES ÉTUDES EN FRANCE ? (*)

OUI NON

SI OUI, LESQUELLES ?

NOM ET ADRESSE DE L'ÉTABLISSEMENT SCOLAIRE OU UNIVERSITAIRE AUPRES DUQUEL OUS ETES INSCRIT(E) :

25. EFFECTUEREZ-VOUS UN STAGE EN FRANCE ? (*)

OUI NON

SI OUI, INDIQUEZ L'OBJET DU STAGE :

NOM ET ADRESSE DE L'ORGANISME OU SERA EFFECTUÉ LE STAGE :

26. QUELS SERONT VOS MOYENS D'EXISTENCE EN FRANCE ?

SEREZ-VOUS TITULAIRE D'UNE BOURSE ? (*)

OUI NON

SI OUI, INDIQUEZ LE NOM, L'ADRESSE DE L'ORGANISME ET LE MONTANT DE LA BOURSE :

27. AVEZ-VOUS DES ATTACHES FAMILIALES EN FRANCE ? (*)

OUI NON

SI OUI, INDIQUEZ LEUR NOM, NATIONALITÉ, LIEN DE PARENTÉ, ADRESSE ET TÉLÉPHONE :

28. AVEZ-VOUS DES RÉPONDANTS EN FRANCE ? (*)

OUI NON

SI OUI, INDIQUEZ LEUR NOM, NATIONALITÉ, QUALITÉ, ADRESSE ET TÉLÉPHONE :

29. AVEZ-VOUS DÉJÀ RÉSIDÉ PLUS DE TROIS MOIS CONSÉCUTIFS EN FRANCE ? (*)

OUI NON

SI OUI, PRÉCISEZ A QUELLE(S) DATE(S) ET POUR QUEL(S) MOTIF(S) :

A QUELLE(S) ADRESSE(S) ?

FAIT A

LE

SIGNATURE DU DEMANDEUR
OU DU REPRÉSENTANT LÉGAL POUR LES MINEURS

Je m'engage à quitter le territoire français à l'expiration du titre de séjour qui me sera éventuellement accordé. Ma signature engage ma responsabilité et m'expose, outre les poursuites prévues par la loi en cas de fausse déclaration, à me voir refuser tout visa à l'avenir.

La loi n° 78-17 du 6 janvier 1978 relative à l'informatique et aux libertés me donne la possibilité d'obtenir communication des informations enregistrées concernant cette demande de visa afin de vérifier leur exactitude et de faire redresser toute anomalie constatée. Ce droit d'accès s'exerce auprès du chef de poste.



DEMANDE POUR UN VISA DE LONG SÉJOUR

(formulaire gratuit)

N° | | | | | | | | | | | | | | | |

RÉSERVÉ A L'ADMINISTRATION
DATE DU DÉPÔT DE LA DEMANDE
DEMANDE TRAITÉE PAR

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EMPLACEMENT DU TALON

NATURE DU VISA
 LONG SÉJOUR
 SÉJOUR TEMPORAIRE

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PIECES JOINTES
1.
2.
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4.
5.
6.
7.

1. NOM

2. PRÉNOM(S) 3. SEXE (*) M F

NAISSANCE 4. DATE J M A 5. LIEU 6. PAYS

7. AUTRE(S) NOM(S) (JEUNE FILLE, ALIAS, PSEUDONYME, ETC.)

NATIONALITÉ 8. ACTUELLE 9. D'ORIGINE

10. NATURE DU DOCUMENT DE VOYAGE (PASSEPORT, LAISSEZ-PASSER, ...) 11. NUMÉRO

12. NATIONALITÉ DU DOCUMENT 13. DÉLIVRÉ LE J M A A 14. EXPIRANT LE J M A

15. ADRESSE (N°, RUE, VILLE, CODE POSTAL, PAYS)
Tél.:

16. PROFESSION

17. EMPLOYEUR (NOM, QUALITÉ, ADRESSE)
Tél.:

18. SITUATION DE FAMILLE (*) CÉLIBAIRE MARIÉ(E) SÉPARÉ(E) DIVORCÉ(E) VEUF(VE)

19. SI VOUS ÊTES ÉTRANGER AU PAYS DANS LEQUEL LA DEMANDE EST PRÉSENTÉE, VEUILLEZ INSCRIRE LES RÉFÉRENCES DE VOTRE TITRE DE SÉJOUR OU PERMIS DE RÉSIDENCE

NUMÉRO DÉLIVRÉ LE J M A A
PAR VALABLE JUSQU'À J M A

DÉCISION DU POSTE
DATE :
MOTIFS :

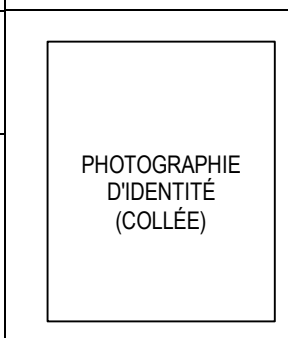
20. SI VOUS COMPTEZ EFFECTUER CE SÉJOUR EN FRANCE AVEC DES MEMBRES DE VOTRE FAMILLE, VEUILLEZ INDIQUER :

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		J M A	

21. JE SOLLICITE UN VISA POUR LE MOTIF SUIVANT
ET POUR UNE DURÉE DE

22. QUELLE SERA VOTRE ADRESSE EN FRANCE PENDANT VOTRE SÉJOUR ?

23. EXERCEZ-VOUS UNE ACTIVITÉ RÉMUNÉRÉE EN FRANCE ? (*) OUI NON
SI OUI, LAQUELLE ?
NOM, QUALITÉ, ADRESSE COMPLETE, TÉLÉPHONE DE L'EMPLOYEUR :



(*) Mettre une croix dans la case correspondant à votre réponse

24. POURSUIVREZ-VOUS DES ÉTUDES EN FRANCE ? (*)

OUI NON

SI OUI, LESQUELLES ?

NOM ET ADRESSE DE L'ÉTABLISSEMENT SCOLAIRE OU UNIVERSITAIRE AUPRES DUQUEL OUS ETES INSCRIT(E) :

25. EFFECTUEREZ-VOUS UN STAGE EN FRANCE ? (*)

OUI NON

SI OUI, INDIQUEZ L'OBJET DU STAGE :

NOM ET ADRESSE DE L'ORGANISME OU SERA EFFECTUÉ LE STAGE :

26. QUELS SERONT VOS MOYENS D'EXISTENCE EN FRANCE ?

SEREZ-VOUS TITULAIRE D'UNE BOURSE ? (*)

OUI NON

SI OUI, INDIQUEZ LE NOM, L'ADRESSE DE L'ORGANISME ET LE MONTANT DE LA BOURSE :

27. AVEZ-VOUS DES ATTACHES FAMILIALES EN FRANCE ? (*)

OUI NON

SI OUI, INDIQUEZ LEUR NOM, NATIONALITÉ, LIEN DE PARENTÉ, ADRESSE ET TÉLÉPHONE :

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OUI NON

SI OUI, PRÉCISEZ A QUELLE(S) DATE(S) ET POUR QUEL(S) MOTIF(S) :

A QUELLE(S) ADRESSE(S) ?

FAIT A

LE

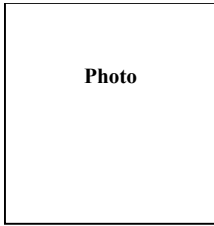
SIGNATURE DU DEMANDEUR
OU DU REPRÉSENTANT LÉGAL POUR LES MINEURS

Je m'engage à quitter le territoire français à l'expiration du titre de séjour qui me sera éventuellement accordé. Ma signature engage ma responsabilité et m'expose, outre les poursuites prévues par la loi en cas de fausse déclaration, à me voir refuser tout visa à l'avenir.

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Stamp embassy
Or consulate



Application for Schengen Visa

This application form is free



N° 12225*01

1. Surname(s) family name(s)		FOR EMBASSY / CONSULATE USE ONLY
2. Surname(s) at birth (earlier family name(s))		
3. First names (given names)		
4. Date of birth (year-month-day)	5. ID-number (optional)	
6. Place and country of birth		Date application :
7. Current nationality/ies		File handled by :
8. Original nationality (nationality at birth)		
9. Sex Male Female	10. Marital status : Single Married Separated Divorced Widow(er) Other	Supporting documents: Valid passport Financial means Invitation Means of transport Health insurance Other :
11. Father's name	12. Mother's name	
13. Type of passport: National passport Diplomatic passport Service passport Travel document (1951 Convention) Alien's passport Seaman's passport Other travel document (please specify):		
14. Number of passport	15. Issued by	Visa : Refused Granted
16. Date of issue	17. Valid until	
18. If you reside in a country other than your country of origin, have you permission to return to that country? No Yes, (number and validity)		
* 19. Current occupation		
* 20. Employer and employer's address and telephone number. For students, name and address of school.		Characteristics of Visa : LTV A B C D D + C Number of entries : 1 2 Multiple
21. Main destination	22. Type of Visa : Airport transit Transit Short stay Long stay	
23. Visa : Individual Collective		
24. Number of entries requested Single entry Two entries Multiple entries		Valid from To
25. Duration of stay Visa is requested for: _____ days		
26. Other visas (issued during the past three years) and their period of validity		Valid for :
27. In the case of transit, have you an entry permit for the final country of destination? No Yes, valid until: _____ Issuing authority: _____		
* 28. Previous stays in this or other Schengen states		

* The questions marked with * do not have to be answered by family members of EU or EEA citizens (spouse, child or dependent ascendant). Family members of EU or EEA citizens have to present documents to prove this relationship.

29. Purpose of travel Tourism Business Visit to Family or Friends Cultural/Sports Official Medical reasons Other (please specify):		FOR EMBASSY / CONSULATE USE ONLY
* 30. Date of arrival	* 31. Date of departure	
* 32. Border of first entry or transit route	33. Means of transport	
*34. Name of host or company in the Schengen states and contact person in host company. If not applicable, give name of hotel or temporary address in the Schengen states		
Name	Telephone and telefax	
Full address	e-mail address	
* 35. Who is paying for your cost of travelling and for your costs of living during your stay? Myself Host person/s Host company. (State who and how and present corresponding documentation):.....		
* 36. Means of support during your stay Cash Travellers' cheques Credit cards Accommodation Other: Travel and/or health insurance. Valid until:		
37. Spouse's family name	38. Spouse's family name at birth	
39. Spouse's first name	40. Spouse's date of birth	
42. Children (Applications <u>must</u> be submitted separately for each passport)		
Name	First name	Date of birth
1		
2		
3		
43. Personal data of the EU or EEA citizen you depend on. This question should be answered only by family members of EU or EEA citizens.		
Name	First Name	
Date of Birth	Nationality	Number of passport
Family relationship :		
of an EU or EEA citizen		
<p>44. I am aware of and consent to the following: any personal data concerning me which appear on this visa application form will be supplied to the relevant authorities in the Schengen states and processed by those authorities, if necessary, for the purposes of a decision on my visa application. Such data may be input into, and stored in, databases accessible to the relevant authorities in the various Schengen states.</p> <p>At my express request, the consular authority processing my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them altered or deleted, in particular, should they be inaccurate, in accordance with the national law of the state concerned.</p> <p>I declare that to the best of my knowledge all particulars supplied by me are correct and complete.</p> <p>I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Schengen state which deals with the application.</p> <p>I undertake to leave the territory of the Schengen states upon the expiry of the visa, if granted.</p> <p>I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Schengen states. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5.1 of the Schengen Implementing Convention and am thus refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Schengen states.</p>		
45. Applicant's home address		46. Telephone number
47. Place and date		48. Signature (for minors, signature of custodian/guardian)

TRANSLATION AND GUIDELINES ON HOW TO FILL OUT A LONG STAY VISA APPLICATION FORM FOR FRANCE.

This form can be filled out either in English or in French. It has either two sides or two pages: A and B. Use either black or blue ink. Fill out each form completely. Do not leave anything blank. If one of the items does not apply to you, write N/A (not applicable) or S/O (“sans objet”). Corrections are allowed as long as they are done neatly. **Applications bearing incompletely or incorrectly filled out forms cannot be processed.** Do not write anything in the “administration” column on the right hand side nor at the top of the form.

Applicants must ensure that one **original** (no copies of any kind accepted) **identity** (no family shots) **recent** (6 months old maximum) **picture is glued to each form.** The pictures can be done in an automatic machine with a light background on condition that the result is of good quality print. Depending on the type of long stay visa you wish to apply for, you will need either two or six forms and therefore an equivalent number of identity pictures. **Black and white or color, you decide.** Each applicant submits his/her own forms.

S I D E A

1. Print your last name (s) as it (they) appears on your passport.
2. Your first name (s) as it (they) appear on your passport.
3. Write a cross in the selected gender: male or female.
4. Write your birth date in numbers following this order: **day/month/year.**
5. Write your place of birth in this order: city/province.
6. Write the name of your country of birth.
7. Write other names you use or are known for officially or unofficially: middle names, maiden, spousal, alias, birth name, changed to, etc. Please specify.
8. Write your current nationality i.e. the name of the country that issued the passport you are using for this visa.
9. Your birth, former nationality or other nationality you might have.
10. Type of document you are using to apply for this visa: is it a passport? or a travel document? (issued to refugees).
11. Number of that document (look for it inside the document).
12. Write the name of the country that issued that document.
13. Date on which it was issued: day/month/year. A) City where it was issued.
14. Date of expiry: day/month/year.
15. Print your full address including your postal code.
16. Write your occupation. If you are student specify what kind of studies you are taking.
17. Your employer's name, full address and phone number. If you are a student, write the name and phone number of your school or university.
18. Write your civil status: put an **x** next to either single, married, separated, divorced, widow. Add “common law” if applicable.
19. If you are a foreigner in the country where you are presenting this application, write what kind of status you possess: landed immigrant, holder of a student or employment authorization. Specify the type of document, it's number, date when it was issued, where (city and country name) what institution or government issued it and the expiry date. Attach photocopy of this document to your application.
20. If you intend to go to France accompanied by family members, please write: the parental link, their surname, first name, birth date and nationality. A separate application is needed for each one of them.
21. Specify the reason for requesting this visa. For how long are you requesting it?
22. What will be your address in France during your stay? If you don't know yet, explain.
23. Do you intend to work in France? Circle yes or no. If you do, describe what kind of job (including unpaid positions such as volunteer work or unpaid internships) Write your future employer's full name, address and phone number.

SIDE B. PLACE AN X IN THE YES OR NO BOX AND SPECIFY.

24. Are you going to study in France? What kind of studies? Name and address of the institution where you are registered.
25. Are you going to France on an internship or as a volunteer? What kind? Name and address of the institution hosting you.
26. What will be your financial resources while in France? Specify. Are you a scholarship holder? Write the name of the institution that granted it, the amount and the duration of the grant.
27. Do you have family in France? If you do, specify the parental link and write their full name, address, phone number as well as their nationality.
28. Do you have acquaintances or a contact person or institution in France? Write their name, occupation, address and phone number.
29. Have you ever lived in France for more than 3 months? If you have, write the dates and specify the reason of your stay and your address at the time.

Done in (name of the city where you live)
Date

Applicant's signature
Parent's or legal guardian's if the applicant is less than 18 years old.

Read this before signing: I, the visa applicant, hereby make a written statement to leave French territory upon expiry of either my residence permit or temporary long stay visa if granted. I declare that I have answered all questions fully and truthfully and understand that my signature renders me liable, in case of false statement, to the laying of charges. It could also lead to the denial of any future visa for France. Law No. 78-17 of January 6, 1978 regarding access to personal data, gives me the possibility of obtaining a copy of any registered information related to my visa application so that I can verify their accuracy and correct any mistake.

6. Affidavit
(Replaces proof of liability insurance)

This certificate is to be attached to your file if you do not have liability insurance



**EMBASSY OF FRANCE IN
CANADA**

YOUTH EXCHANGES AGREEMENT

2C visa: Company internship

AFFIDAVIT

I, the undersigned (name and given name), _____

Canadian citizen holding passport n° _____

Visa applicant with the France-Canada Youth Exchanges Agreement, I hereby certify that, upon my arrival in France, I will subscribe to a liability insurance for the duration of my stay.

Place: _____ Date: _____

Signature:

7. Proof of sufficient financial means

(To be completed and have signed by your financial institution)



EMBASSY OF FRANCE IN CANADA

PROOF OF SUFFICIENT FINANCIAL MEANS

2C visa: Company internship

AFFIDAVIT

I, the undersigned, _____

Financial institution branch director _____

that:

- _____ father / mother of
- _____ of Canadian nationality,

hold(s) an account at our financial institution and has/have the financial capacity to provide for the needs of their child during their stay in France,

from _____ to _____ on the basis of a monthly allowance of

1,000 Canadian dollars (or \$1,500 for Vancouver) for a three-month period.

Place: _____ Date: _____

Signature of the financial institution's director and stamp:

8. Tripartite internship agreement

La présente convention a pour objet de définir les conditions dans lesquelles le stagiaire ci-après nommé sera accueilli dans l'entreprise.

This contract defines the conditions, by which the intern, hereby named, will be accepted by the company.

ARTICLE 1 : SIGNATURES (au minimum trois) **Section 1: Signatures (a minimum of three)**

ENTREPRISE D'ACCUEIL / HOST COMPANY:

Nom / Name:

Représentée par / Guardian:
qualité de / Relation to intern:

Adresse / Address:

Téléphone / Telephone:

Télocopie/Fax:

N° SIREN ou SIRET / SIREN or SIRET number:

Nature de l'activité de l'entreprise / Type of company:

STAGIAIRE / INTERN:

Nom et prénom / Surname and name:

Date et lieu de naissance / Birth date and place:
Nationalité / Nationality:

Adresse / Address:

ETABLISSEMENT D'ENSEIGNEMENT OU ORGANISME DE FORMATION / UNIVERSITY OR COLLEGE:

Nom / Name:
Représenté par / Guardian:
en qualité de / Relation to intern:

Adresse / Address:

Téléphone / Telephone:

Télocopie / Fax:

Pour les établissements d'enseignement ou de formation situés à l'étranger, visa du service culturel, scientifique et de coopération de l'Ambassade de France, ou de l'organisme français qui facilite la venue du stagiaire (établissement d'enseignement, organisme de formation, association agréée, agence nationale Leonardo Da Vinci), cet organisme devant être identifié : nom, adresse, téléphone, télécopie et identification du responsable.

Candidates wishing to study or work at a registered association abroad, such as a university, college, Leonardo Da Vinci programme, etc., are required to obtain a visa from the Cultural and Scientific Cooperation Department at the French Embassy.

Association agréée / Registered association:

ARTICLE 2 : ETUDES OU FORMATION SUIVIES

Article 2: Academic programme

Nature des études ou de la formation / Description of academic programme:

Durée / Duration:

Diplôme préparé ou qualification visée / Diploma title:

Niveau atteint (1ère année, 2ème, etc.) :

Current level of education completed (1st year, 2nd year, etc.):

ARTICLE 3 : PROGRAMME DU STAGE

Article 3: Training programme

Le stage a pour but d'assurer l'application pratique des connaissances théoriques du stagiaire.

L'entreprise d'accueil doit confier au stagiaire, en accord avec l'établissement d'enseignement ou l'organisme de formation, des tâches et des responsabilités en rapport direct avec les qualifications et les compétences auxquelles conduit le diplôme préparé ou la formation suivie.

Le contenu du cadre ci-dessous doit être défini conjointement par les responsables du stagiaire dans l'établissement d'enseignement ou l'organisme de formation et dans l'entreprise.

The training aims to teach students/interns to apply the theoretical knowledge acquired through their academic programme.

In compliance with the institution or association's terms of agreement, interns will be given tasks and responsibilities related to the qualifications and competencies acquired through the respective academic programme.

The content of the following form must be determined by both the intern's academic and internship supervisor.

Objectifs pédagogiques du stage / Internship objectives:

Progression dans les apprentissages et situations d'activité dans lesquelles sera placé la stagiaire / Progress made by the intern through training and work situations:

Nom, prénom et qualité du responsable du stagiaire dans l'établissement d'enseignement ou l'organisme de formation :
Academic supervisor's surname, name and title:

Nom, prénom et qualité du responsable du suivi de stage dans l'entreprise
Internship supervisor's surname, name and title:

ARTICLE 4 : CONDITIONS DU STAGE **Article 4: Training conditions**

Durée du stage / Duration:mois / months,
du / from: au / to

Elle doit correspondre à celle prévue dans le cadre des études ou de la formation et ne peut en tout état de cause être supérieure à 12 mois.

The duration of the internship must comply with the academic programme terms and conditions and may not last more than 12 months.

Lieu(x) où il s'effectue / Location:

En cas de lieux multiples, préciser chacun d'entre eux et aussi les dates correspondantes.

In the case of multiple work sites, please indicate each location and the corresponding dates.

Horaires de présence du stagiaire / Intern' work hours:

Ils ne peuvent en aucun cas excéder 35 heures par semaine.

Must not exceed *35 hours/week*.

Les stagiaires mineurs ne peuvent être présents dans l'entreprise avant six heures du matin et après vingt deux heures du soir. Au-delà de quatre heures et demie d'activité, les stagiaires mineurs doivent bénéficier d'une pause d'au moins trente minutes.

Durant son stage, le stagiaire demeure sous son statut (élève, étudiant, en formation). Il reste sous l'autorité et la responsabilité de l'établissement d'enseignement ou de l'organisme de formation.

Il n'est pas pris en compte pour l'appréciation de l'effectif de l'entreprise.

Du fait de son statut, le stagiaire ne peut prétendre recevoir aucun salaire de l'entreprise. Toutefois, l'entreprise d'accueil peut, si elle le souhaite, lui verser une gratification.

Interns under the age of 18 are not allowed to work before 6 a.m. and after 10 p.m. After four and a half hours of work, under-age interns are required to take a 30-minute break.

During the internship, the interns is still retains a student status. The respective academic institutions are liable for their students.

Interns are not considered as part of the company's workforce.

Due to this status, the intern cannot claim a salary from the company. However, interns may receive a bonus for their work.

Montant de la gratification / Bonus amount:

ARTICLE 5 : COUVERTURE SOCIALE **Article 5: Health coverage**

Le stagiaire doit être couvert contre les risques maladie-maternité, invalidité et accidents du travail.

Interns must have health care, which covers sick, maternity and disability leave as well as work accidents.

ARTICLE 6 : RESPONSABILITE CIVILE **Article 6: Liability insurance**

Le stagiaire et l'employeur doivent avoir souscrit l'un et l'autre une assurance responsabilité civile auprès d'un organisme d'assurance de leur choix.

Internship employers must have liability insurance that covers them and their employees, including the intern.

ARTICLE 7 : EVALUATION DU STAGE **Article 7: Internship assessment**

A l'issue du stage :

- le stagiaire est tenu de fournir à l'établissement d'enseignement un rapport de stage dont une copie est communiquée à l'entreprise d'accueil,
- le chef d'entreprise délivre à l'intéressé une attestation de stage.

At the end of the internship:

- the intern is required to submit a report to their institution; a copy of the report will be sent to the company; and,
- the employer will present the intern with a certificate.

**Cachet et signature précédée de la mention manuscrite « lue et approuvée »
Seal and signature preceded by “read and approved”**

Fait à / At:

le / On:

Le Chef d'entreprise / Employer

**Le responsable de l'établissement d'enseignement
Academic supervisor**

**Le Stagiaire / Intern
(Pour les mineurs, signature également du représentant légal)**

AVERTISSEMENT - WARNING

Les personnes qui sollicitent le bénéfice d'une convention de stage doivent être obligatoirement inscrites et participer réellement à un cycle de formation ou d'enseignement autorisant la réalisation d'un stage en entreprise. La convention de stage peut être remise en cause par l'inspection du travail lors d'un contrôle au sein de l'entreprise ou à la demande du stagiaire. Le juge peut alors procéder à une requalification en contrat de travail si les conditions de stage ne sont pas remplies. Les ressortissants étrangers n'appartenant pas à l'Union Européenne et à l'Espace Economique Européen ne sont pas autorisés à se maintenir sur le territoire français à l'issue de leur stage dès lors qu'ils ne poursuivent pas leurs études ou leur formation en France.

It is required that the persons who apply for a training contract be enrolled in an educational program at a school or college and be actively taking part in the program within the framework from which the training is set up. The training contract may be overruled by the inspector for working relations visiting the firm on his regular inspections, or at the request of the trainee/intern. The judge may then change the training contract into a working contract if the conditions of the first contract are not respected. Foreigners from countries not belonging to the E.U. and to the E.U. Economic Zone are not allowed to remain in France after their training period has ended unless they are enrolled in a French School or College.

9. Document Check List (Attach to your file)



EMBASSY OF FRANCE IN CANADA

YOUTH EXCHANGES AGREEMENT Visa 2C: Company internship

Surname:

Given name(s):

Telephone number:

E-mail:

Departure date:

In order to facilitate the processing of your application, please submit all documents in the order listed below.

Documents to provide	Original	Photocopy
• Check list	<input type="checkbox"/>	N/A
• Valid Canadian passport	<input type="checkbox"/>	<input type="checkbox"/>
• Two(2) applications for long-term visa or one(1) application for short-term visa	<input type="checkbox"/>	N/A
• Three(3) recent identity photos	<input type="checkbox"/>	N/A
• Tripartite internship agreement	<input type="checkbox"/>	<input type="checkbox"/>
• Student card	<input type="checkbox"/>	<input type="checkbox"/>
• Provincial medical coverage letter	<input type="checkbox"/>	<input type="checkbox"/>
• Liability insurance or affidavit	<input type="checkbox"/>	<input type="checkbox"/>
• Complementary medical insurance	<input type="checkbox"/>	<input type="checkbox"/>
• Round-trip plane ticket or proof of sufficient financial means	<input type="checkbox"/>	<input type="checkbox"/>
• Proof of sufficient financial means (1,000 dollars/month)	<input type="checkbox"/>	<input type="checkbox"/>
• Prepaid envelope if file is sent by mail	<input type="checkbox"/>	N/A

10. How and where to submit your visa application?

Depending on the province in which you reside, visit the following Web site for submission information:

- **General Consulate of France in Toronto for the residents of:**
<http://www.consulfrance-toronto.org>
 - Ontario
 - Manitoba
 - Saskatchewan

- **General Consulate of France in Montreal for the residents of:**
<http://www.consulfrance-montreal.org/spip.php?article1054>
 - Quebec
 - Nova Scotia
 - New Brunswick
 - Prince Edward Island
 - Newfoundland and Labrador
 - Nunavut

- **General Consulate of France in Vancouver for the residents of:**
<http://www.consulfrance-vancouver.org>
 - British Columbia
 - Alberta
 - Yukon
 - Northwest Territories

ATTENTION: Please refer to the General Consulates' Web sites to learn more about the access methods for visa services, i.e. booking appointments, mail-in dossiers, etc../.