



MANITOBA-QUÉBEC SIX-WEEK VIRTUAL STUDENT EXCHANGE PROGRAM Fall 2023

2023-2024 APPLICATION FORM

INSTRUCTIONS

- Fill out the form electronically or by hand. Make sure to complete all sections on pages 1 to 6.
- Once completed, submit the form to the teacher responsible for the exchange program at your school who will need to fill out pages 7 and 8.
- **Deadline for submission to the Bureau de l'éducation française: Friday, October 6, 2023.**

STUDENT INFORMATION

Last Name: _____ First Name: _____
 Name Commonly Used: _____
 Date of Birth (DD/MM/YYYY): _____ Age: _____
 Grade Level (in 2023/2024): Grade 10 Grade 11 Gender Identity: _____
 Home Phone: _____ Student Cell Phone: _____
 Student Email: _____ Parent Email: _____

SCHOOL INFORMATION

School Name: _____ School Phone: _____
 School Division: _____
 Principal: _____ Principal's Email: _____
 Liaison Teacher: _____ Liaison Teacher's Email: _____

GENERAL INFORMATION

1. PERSONALITY TRAITS

I'm a person who

	<i>Strongly Agree</i>	<i>Agree</i>	<i>or</i>	<i>Agree</i>	<i>Strongly Agree</i>
prefers to listen			or		prefers to talk a lot
prefers staying at home			or		prefers to go out
prefers to spend time alone			or		prefers spending time with friends
thinks before acting			or		is very spontaneous

2. YOUR FRENCH LANGUAGE SKILLS

In your estimation, how are your French language skills?

Beginner: I can say a few greetings and a few short sentences, but I cannot carry a full conversation.

Tourist: I can order meals, ask for directions, and read fairly well.

Spectator: I can follow and understand radio and television programs, but I hesitate to converse.

I read well.

Bilingual: I can understand French and converse in French in most familiar situations.

I can understand the significance of a joke or a play on words.

Outside of school, do you have opportunities to speak French?

Yes No

Please explain. _____

Do you or your parents speak languages other than French or English at home?

Yes No

If yes, please specify which languages. _____

3. ACTIVITIES AND LEISURE

What best describes you? (Select only one.)

Artistic Intellectual Sports-oriented

In which of following activities are you interested or involved? Please provide some details outlining your involvement.

Activity	Details
Creative pursuits (ex: painting, sketching, crafting)	
Social activities (ex: hanging out with friends, shopping, etc.)	
Social media/Internet (ex: <i>Snapchat, Instagram, Discord, YouTube</i>)	
Playing computer/video games (ex: <i>Xbox, PlayStation, PC</i>)	
Reading (ex: mystery, sci-fi, biography, news)	
Participation in sports	

4. MUSIC

What type of music do you listen to? _____

Please specify any types of music you dislike? _____

Do you play a musical instrument? Yes No

If yes, which musical instrument do you play? _____

5. MATCHING

Would you be willing to be paired with a student whose gender identity is different than yours if that were the only option available?

Yes No

Is it important for you to be paired with someone who is like you in many ways?

Yes No

Why? _____

6. LETTER OF INTRODUCTION

In **350 words or more**, write a letter to your future partner describing your personality, your motivation for participating in this program, your character, your strengths and weaknesses, your family, your likes and dislikes, and your preferred activities. Also, give a brief overview of a typical week during the school year, and a brief description of your city or neighbourhood (population, rural or urban area, etc.). Do not forget that the text will be forwarded to your future partner.

Please provide details that differ from the information that you already indicated on this application.

Please type your letter in a Word document and attach it to this application form. Please be sure to write your name on the letter.

7. PHOTOS

Photos allow both partners to get to know each other prior to the exchange. Submit your pictures with comments and/or captions:

- a picture of yourself
- a photo of your family members and you
- a photo with your friends
- a photo of your choice (ex: your pets, your home, you doing your favourite activity).

Your pictures (maximum 2 MB) must be sent in either Word or PDF format.

CONSENT OF THE EXCHANGE PROGRAM PARTICIPANT

- I have read and understood the information provided on the [Manitoba-Québec Exchange Program website](#).
- I accept the program's conditions and agree to this application being processed by the staff members designated by my school.
- I understand that my exchange partner might be different from me, but I promise to make efforts to establish a healthy and harmonious relationship with them.
- I agree to conduct myself in a respectful manner towards all parties involved in the exchange and to avoid damaging the reputation of other persons.
- I am aware that it is illegal to download material from the Internet (films, music, etc.) in violation of copyright law and without appropriate payment.
- I understand that I am prohibited from sharing private information or photos pertaining to my partner or people other than myself on social media (ex: *Instagram*) without their prior consent.
- I agree to attend all scheduled activities unless my request for absence accompanied by a valid reason is approved by the organizers.
- I promise to follow the instructions of the workshop leaders responsible for the exchange.

I have read the above statements and understand that, by signing below, I am committing myself to adhere to them.

Student's Full Name

Student's Signature

Date

CONSENT OF THE PARENTS OF THE EXCHANGE PROGRAM PARTICIPANT

- We have read and understood the information provided on the [Manitoba-Québec Exchange Program website](#).
- We accept the program's terms and conditions and agree to this application being processed by the designated staff members of our child's school.
- Even if our child's application is formally submitted to the provincial coordinator by the school and school division, acceptance of the application will only be acknowledged after the student has been paired (i.e., when all have given their consent in that regard).
- We understand that in the event of a serious breach of the code of conduct by our child, their participation in the exchange program may be terminated.
- We promise to inform the person responsible for the student exchange program at the school of any major difficulty experienced by our child during the program.
- We have been informed that, in the event that our child's application is recommended by the school, the student registration documents will be forwarded to the program coordinator for the purpose of pairing our child with a Québec student. To that end, we consent to the sharing of the information in this file with the persons responsible for the implementation of the exchange program in their respective jurisdictions and subsequently with the parents of the Québec participant.

All of the information provided in the application form is accurate and true.

We have read the above statements and understand that, by signing below, we are committing ourselves to adhere to them.

Full Name of Parent or
Legal Guardian

Signature of Parent or
Legal Guardian*

Date

Full Name of Parent or
Legal Guardian

Signature of Parent or
Legal Guardian*

Date

* If the parents are separated or divorced, it is necessary to have both signatures.

CONSENT TO COLLECT AND PROCESS PERSONAL INFORMATION

Manitoba Education and Early Childhood Learning must collect and process personal information for the implementation of the student exchange program.

If this student application is accepted, the information collected on this form by the school will be forwarded to the department. In order to pair the successful applicant with a student from Québec, the information will also be forwarded to those responsible for the implementation of the exchange program in their respective jurisdictions and, subsequently, to all parties involved.

Participation in the exchange program is optional, as is the release of personal information for its implementation. However, refusal to provide certain information may result in the rejection of the application.

We have read the above statements and understand that, by signing below, we are consenting to the collection and processing of personal information as described above.

If the application is accepted, we agree that the personal information provided on this form will be forwarded to the department, to the persons responsible for the exchange program, and to all other parties involved.

Student's Full Name

Student's Signature

Date

Full Name of Parent or
Legal Guardian

Signature of Parent or
Legal Guardian*

Date

Full Name of Parent or
Legal Guardian

Signature of Parent or
Legal Guardian*

Date

* If the parents are separated or divorced, it is necessary to have both signatures.

OVERALL ASSESSMENT OF APPLICATION AND RECOMMENDATION**STUDENT**

Last Name: _____ First Name: _____

STUDENT EVALUATION

Please provide information about the student based on the following requirements.

The student must have

- an interest in the program and the determination to complete it
- an openness to other cultures
- the ability to adapt
- a mature attitude
- a good knowledge of French or a great desire to learn

Personality:

Motivation:

French Language Proficiency:

Potential Issues/Challenges:

Other Comments:

RATING OF CANDIDATE

Excellent

Very Good

Good

Unsuitable

RECOMMENDATION

The liaison teacher RECOMMENDS the student for the virtual exchange.

The liaison teacher DOES NOT RECOMMEND the student for the virtual exchange.

CONFIRMATION BY THE LIAISON TEACHER

- I have read the information provided on the [Manitoba-Québec Exchange Program website](#) and understand the program's terms and conditions.
- I have verified the content of the student application and confirm that all information requested, including signatures, has been provided.
- I understand that, as a liaison teacher, I will do weekly check-ins with the participating Manitoba student.
- If I can no longer fulfill my responsibilities as a liaison teacher, I will inform the school principal so that another liaison teacher can be assigned.

Last Name: _____ First Name: _____

Position at the school: _____

Email: _____

Cell Phone: _____

Signature of liaison Teacher

Date

CONFIRMATION BY THE SCHOOL PRINCIPAL

- I confirm that the above-named teacher has been assigned as the school's liaison teacher for the Manitoba-Québec Virtual Exchange Program.
- I will ensure that, if the above-named teacher is no longer able to fulfill her/his responsibilities as a liaison teacher, another liaison teacher will be assigned and this change will be communicated immediately to Manitoba Education and Early Childhood Learning.

Signature of School Principal

Date

*Please submit the student registration documents, including the application form and all photos,
by email to paloolsp@gov.mb.ca.*

Note : There is no registration fee for the virtual fall 2023 Manitoba-Québec Exchange Program.