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| **REQUEST FOR AN OPINION**  **SKILLED WORKER SELECTION PROGRAM**  **STREAM 4 – EXCEPTIONAL TALENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Apply anytime** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 1. **Applicant identification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Form of address : | | | | | |  | |  | | Mr. | | |  | |  | | Ms. | | | | | | | | | |  | | None (non-binary or other) | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name : | | | |  |  | | | | | | | | | | | | | | First name : | | | | | |  | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Artist name or pseudonym (if any) : | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Nationality : | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| Year artistic practice started: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 1. **Artistic discipline** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Arts and crafts | | | | | | | | |  | Digital Arts | | | | | | |  | | Literature | | | | | | | |  | Songwriting | | | |
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|  | | Circus arts | | | | | | | | |  | Film - video | | | | | | |  | | Multidisciplinary Arts | | | | | | | |  | Theater | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Dance | | | | | | | | |  | Graphic novel/Comic | | | | | | |  | | Music | | | | | | | |  | Visual Arts | | | |
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| Specialty, field or literary genre: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| *Examples :* | | | |  | *Visual arts: specialty or field:* | | | | | | | | | | | | *Painting* | | | | | | | | |
|  | | | |  | *Literature: literary genre:* | | | | | | | | | | | | *Poetry, spoken word* | | | | | | | | |

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| 1. **Required documents** pages must be in LETTER format (21.59 cm x 27.94 cm) | |
|  |  |
|  | Identification and engagement form, completed and signed. |
|  |  |
|  | Presentation letter or cover letter, signed (maximum of 2 pages, PDF format). |
|  |  |
|  | Applicant’s Curriculum vitæ (maximum of 2 pages, PDF format). |
|  |  |
|  | List of accomplishments (maximum of 10 pages, PDF format). |
|  |  |
|  | Supporting materials (fill section 4). |
|  |  |
|  | Press file (maximum of 20 pages, in one single PDF document). |
|  |  |
|  | Bibliography, if any (maximum of 2 pages, PDF format). |
|  |  |

**All documents must be saved in a PDF format.**

**The size of the pages must be 21,59cm x 27,94 cm (Letter format).**Unsolicited documents will not be submitted to the evaluation committee.

Subject to the provisions of the *Act respecting Access to documents held by public bodies and the protection of personal information*, the CALQ respects the confidentiality of documents and information in its possession and of those sent to it.

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| Last name, first name |  |

1. **Support materials**

* Provide a selection of works or excerpts of works that are representative of the artist’s output.
* Depending on the artistic discipline, these could be images, audio or video documents, texts, web links, etc.
* Ensure the materials take no more than 60 minutes to consult.
* Explain the choice of works in the space provided.
* Add reading or viewing instructions to facilitate the work of evaluators.
* Attach the required supporting material with the name of the applicant.
  1. **Format of support materials**

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| --- | --- |
| **Audio** and **video** documents | Must be presented as weblinks inserted in a PDF file, or sent in Mp3, M4a, MPEG or AVI format. |
| **Handwritten** or **printed** documents | In PFD format. |
| **Images** | In JPEG format, file size 1 MB or less. |
| All options to limit the size of documents  (black and white, image size, Acrobat optimization options, etc.) must be used.  PDF documents must not be protected.  \*\*Materials accessible through platforms requiring to login (such as Google Drive, LinkedIn, Spotify, Instagram, etc.) **won’t be considered** in the evaluation of applications. | |

* 1. **11. Description of audio and video materials**

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| **No** | **Year created** |  | **Author, title and brief description of the document, if applicable.** |  | **Length** |  | **Format** |  | **Other information** (applicant’s role, etc.) | |
| **1** |  |  |  |  |  |  |  |  |  |
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|  |  | **Explanation of the choice of the work, reading instructions** | | | | | | |
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|  |  | **Explanation of the choice of the work, reading instructions** | | | | | | |
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| **3** |  |  |  |  |  |  |  |  |  |
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|  |  |  | **Explanation of the choice of the work, reading instructions** | | | | | | |
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* 1. **Description list of handwritten or printed documents**

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| --- | --- | --- | --- | --- | --- |
| **No** | **Year created** |  | **Author, title and description of the work** |  | **Other information** (applicant’s role, etc.) |
| **1** |  |  |  |  |  |
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|  |  |  | **Explanation of the choice of the work, reading instructions** | | |
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**4.4. Description of the visual material** (digital images)

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| **Important :** **Submit the PC-compatible files in JPEG format only. Submit images at a resolution of 72 PPI that do not exceed 1 MB.** | | | | | | | |
| **No** | **Year  created** |  | **Title of the work** |  | **Material** |  | **Size (centimetres)** |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
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| **7** | |  |  |  |  |  |  |  |
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| **8** | |  |  |  |  |  |  |  |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
| **No** | | **Year  created** |  | **Title of the work** |  | **Material** |  | **Size  (centimetres)** |
| **9** | |  |  |  |  |  |  |  |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
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| **11** | |  |  |  |  |  |  |  |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
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| **12** | |  |  |  |  |  |  |  |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
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| **13** | |  |  |  |  |  |  |  |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
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| **14** | |  |  |  |  |  |  |  |
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|  | |  |  | **Explanation of the choice of the work** | | | | |
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| **15** | |  |  |  |  |  |  |  |
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**Recommandations**

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| **Your files must be readable through Windows and using one of the following software packages:** | |
|  | Recent versions of the following browsers: Edge, Google Chrome, Mozilla Firefox or Safari |
|  | VLC reader and Media Player |
|  | Acrobat Reader DC |
| **For Mac OS users:** | |
|  | Activate the function that allows them to automatically record the Windows extension at the end of the document name. |
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| The maximum file size for all attached documents must not exceed 40 MB. |

1. **Instructions to send files**

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| **The Conseil will receive the application file by [WeTransfer](https://wetransfer.com/). The applicant must send the application file by following the instructions and use the email address required.** |

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| **Instructions** |

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| **1.** | Complete and sign the forms. |
| **2.** | Place all files (the form and other required documents) to transfer via **[WeTransfer](https://wetransfer.com/)** in a **compressed file\***, in **password proctected Zip format\*\***. |
| **3.** | Send the file via **[WeTransfer](https://wetransfer.com/)** to the sending address required. |
| **4.** | Send the recipient the password to open the file through a separate communication. |

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| --- |
| **Sending address** |

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| --- |
| [**formulairesdacar@calq.gouv.qc.ca**](mailto:formulairesdacar@calq.gouv.qc.ca) |

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| **\*** If you do not know how to do so, here are a few helpful references: |

* **[Download 7-Zip](https://www.7-zip.org/);**
* For Mac users, **[download KeKa](https://www.keka.io/en/);**
* **[Protecting a file or ZIP file](https://7zip.fr/7zip-compresser-avec-mot-de-passe/).**

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| **\*\*** | However, to ensure your personal information is protected, it is your responsibility to password protect the files you send. | | | |
|  |  | I understand that the use of email offers no guarantee of confidentiality, and I accept the risks associated with communicating personal information via email. | |

The CALQ confirms that personal information gathered from this transfer is accessible only to those authorized to receive it within the organization.

**The attachments must not exceed a combined total of 40 MB**

1. **Information requests**

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| --- | --- | --- | --- | --- |
| **Sara Thibault**  Program Officer  Conseil des arts et des lettres du Québec   |  |  | | --- | --- | |  | [514](tel:4185282669) 845-9024ou [1 800 608-3350](tel:18006083350) | |  | [sara.thibault@calq.gouv.qc.ca](mailto:sara.thibault@calq.gouv.qc.ca) | |

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| **Contact details of the applicant** | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Form of address : | |  | | | |  | Mr. |  |  | | Ms. | | | | |  | | None (non-binary or other) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name : | | |  | |  | | | | | | | First name : | | | | |  | |  | | | | | |  |
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| Address (line 1) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address (line 2) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Country | | | | | | | |  | | Province or State | | |  | City | | | | | | |  | ZIP Code | | | |
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| Mailing address if different from the civic address (line 1) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mailing address (line 2) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Country calling code |  | Main phone number | | | | | |  | | Email (required for the acknowledgement of receipt) | | | | | | | | | | | | | | | |
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| Country calling code |  | Secondary phone number | | | | | |  | | Website (if any) | | | | | | | | | | | | | | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **Consent regarding the protection of personal information** | | | | | Consent regarding the protection of personal information  The CALQ (Conseil des arts et des lettres du Québec) collects, from the person or a third party, personal information needed to evaluate the request for opinion for exceptional talents in the field of arts and culture (the “opinion”), notably the personal information requested on this form and included in the documents submitted.  The information may be collected via this form, a phone interview or email.  The CALQ collects personal information to identify the person, communicate with them and issue the opinion. The CALQ also collects personal information to respect its legal obligations and assert its rights as needed.  For the CALQ to be able to fulfill the purpose for which the information is collected, the transmission of personal information is required.  If a person refuses to provide the personal information necessary or withdraws their consent, the CALQ will not be able to issue the opinion.  Personal information collected, regardless of medium, is kept in an environment secured against unauthorized access. Personal information is kept for the period required to fulfill the purpose of its collection and for the CALQ to meet its obligations. The information will then be destroyed according to the laws in effect.  The person may have access to information about them. They may request to see it in keeping with the *Politique de gouvernance et de gestion des renseignements personnels* (policy for the governance and management of personal information). The person may also request that personal information be corrected or destroyed. They may also withdraw their consent for the collection, use and retention of their personal information by contacting the person responsible for access to documents and the protection of personal information. The CALQ also notifies any person or entity to whom this information has been communicated of the withdrawal of consent.  **By signing this consent form, the person declares having read and understood the above. They also declare having read the [Confidentiality Policy](https://www.calq.gouv.qc.ca/en/about/policies-action-plans-and-ethics/policies/confidentiality-policy) and the *[Politique de gouvernance et de gestion des renseignements personnels](C://Users/lpro/Downloads/Politique_gouvernance_et_gestion_des_RP_AppCA_2024_03_25.pdf)* (in French) available on the CALQ website and having had the support necessary to answer any questions or concerns regarding the protection of personal information.** | | | | |  | | | | |  | | | | |  |  |  |  | |  | | | | |  | **Signature**  (Electronic signature or scanned form) |  | **Date** |   **Agreement** | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that I am a professional artist and of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nationality. I confirm that I intend to submit an application for immigration to Québec through stream 4: Exceptional Talents as part of the Ministère de l’Immigration, de la Francisation et de l’Intégration’s (MIFI) Skilled Workers Selection Program (SWSP).  I consent to those evaluating this request for opinion having access to personal or confidential information about me, as defined by Québec’s [*Act respecting access to documents held by public bodies and the protection of personal information*](file:///V:\SPAI\Coord\2200-Programmes%20d'aide%20et%20prix%20(PAP)\2220-Programmes%20de%20bourses\2023-2024\Talents%20d'exception_MIFI\Il%20doit%20s'assurer%20d'utiliser%20toutes%20les%20options%20possibles%20pour%20optimiser%20la%20taille%20de%20ses%20documents%20(noir\blanc,%20taille%20des%20images,%20options%20d'optimisation%20d'Acrobat,%20etc.).%20Il%20doit%20aussi%20veiller%20à%20ce%20que%20les%20documents%20PDF), to the extent that this information is required to exercise their functions.  I authorize the CALQ (Conseil des arts et des lettres du Québec) to make the necessary verifications regarding the documents I have submitted in my request for opinion, and I agree to respond as soon as possible to any request for information.  I accept the rules governing the procedure for requesting an opinion as stipulated on the CALQ’s website, and I agree to respect the CALQ’s decision, which is final and without appeal.  I understand that a favourable opinion from the CALQ does not guarantee an invitation from the MIFI to submit an application for permanent selection.  I certify, in good faith, that the information provided is accurate and that I have not omitted any essential facts. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Signature**  (Electronic signature or scanned form) | | | | | | | | | | | | | |  | | **Date** | | | | | | | | |