|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the applicant:** | | **Type Your Full Name Here** | | |
| **School Board:** | | **Select School Board** | | |
| **Centre Name:** | | **Type Centre Name Here** | | |
| **Date of Application:** | | **Monday, June 7, 2021** | | |
| **APPLICATION INFORMATION** | | | | |
| **Sector of CEN Expertise:** | | | **Select the Sector** | |
| **Name of Vocational Training Program(s):** | **Type Program Name Here** | | | |
| **Type Program Name Here** | | | |
| **Is this the first time you are applying to become a CEN:** | | | | **Select Yes or No** |
| **Was your Centre ever a CEN before:** | | | | **Select Yes or No** |
| **Why would you like to become the Centre of Expertise/retain your Centre of Expertise status?** | | | | |
| Enter text here | | | | |



**Centre of Expertise (CEN) Application Form**



**Centre of Expertise (CEN) Application Form**

|  |  |  |
| --- | --- | --- |
| Please provide at least 2 trade competencies/practices that you will develop for the workshops. | | |
| Enter text here | | |
| How is your Centre/Department planning on delivering the workshops? | | |
| **Click on dropdown menu to select one of the three options** | | |
| Please provide at least 2 sharable resources that you are planning on creating. | | |
| Enter text here | | |
| *Please sign and send to vtinservice@nfsb.qc.ca Electronic signature can be inserted using the icons below.* | | |
| **SIGNATURE SECTION** | | |
|  |  |  |
| Centre Director / Principal |  | Centre of Expertise Liaison |
| Monday, June 7, 2021 |  | Monday, June 7, 2021 |
| Date |  | Date |