









SCHEDULE I

Contact information and various information

SURNAME	GIVEN NAME	Reserved for secretariat

A	Contact information
<p> Home telephone: ()</p> <p> Fax at home: ()</p> <p> Email *: _____</p> <p> Home address: _____</p>	<p> Work telephone: ()</p> <p> Fax at work: ()</p> <p> Email: _____</p> <p> Address at work: _____</p>
<p>Do you have permanent status as an employee of the civil service of Québec? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is your classification? _____</p>	

B	Personal information	<i>(kept confidentially in the file and used, if need be, for statistical purposes in connection with equal access employment programs)</i>
	<p>Date of birth: _____</p> <p>Country of birth: _____</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Do you consider yourself a member of a visible minority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you consider yourself a Native person (Amerindian or Inuit)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have permanent limitations that affect the performance of daily life activities? Yes (specify) <input type="checkbox"/> No <input type="checkbox"/></p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>	<p>Mother tongue: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other(s) (specify below) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p> <p>Spoken language(s) : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other(s) (specify below) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p> <p>Written language(s): <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other(s) (specify below) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p> <p>In what language are you able to hear and preside over a hearing: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other(s) (specify below) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div></p>

C	Years of practice as an advocate (eligibility requirement set out in section 115.3 of the Professional Code (chapter C-26))		
Number of years of practice as advocate: _____		Year and month of admission to the Barreau du Québec:	
Proof of membership with the Barreau du Québec: (<i>attach proof to this document</i>) Membership card of the Barreau <input type="checkbox"/> Attestation from the Barreau <input type="checkbox"/> Not entered on the roll of the Order of Advocates <input type="checkbox"/> (<i>If so, give reasons</i>)			
Membership with other professional orders (<i>if yes, <u>attach proof of membership</u></i>)		Yes <input type="checkbox"/> _____ (<i>If applicable, indicate orders</i>) No <input type="checkbox"/>	
D	Academic training (please begin with the last diploma obtained; <i>attach attestations of studies</i>)		
Year	Institution	Diploma obtained/field	