APPLICATION FOR FUNDING

TRAINING PEI - APPRENTICE

Date of Application Received	Date of Request For Assistance
Office Use Only	Office Use Only

Section A - Personal Information

Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01, as it relates directly to and is necessary for the provision of the Training PEI Apprentice program. The information collected on this application shall be used for eligibility and evaluation purposes. If you have any questions about this collection of personal information, you may contact the Manager at your nearest SkillsPEI office, or call 1-877-491-4766.

SOCIAL INSURANCE NUMBER	FILE NUMBER (Office use only)	
SURNAME		
GIVEN NAME	MIDDLE NAME	
ADDRESS		
COMMUNITY/CITY	PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO. ( ) -	OTHER CONTACT TELEPHONE NO. ( ) -	E-MAIL ADDRESS
DATE OF BIRTH (YYYY - MM - DD)	GENDER FEMALE ☐ MALE ☐	
CLIENT STATUS SINGLE (living at home) ☐ SINGLE (living away from home) ☐ MARRIED/COMMON LAW ☐ PARENT (with dependent children) ☐ (See Section D)		
Are you a Canadian Citizen? Yes ☐ No ☐	Permanent Resident? Yes ☐ No ☐	
What is your preferred Language of Service? English ☐ French ☐		
What is your preferred Language of Correspondence? English ☐ French ☐		

Section B - Eligibility

Have you applied for or are you currently in receipt of Employment Insurance?	Yes ☐ No ☐
Have you had an Employment Insurance claim that **ended** in the past 36 months?	Yes ☐ No ☐
Have you had an Employment Insurance claim (maternity or parental) that began within the last 60 months for which benefits were paid and are you re-entering the work-force after having left it to care for a new born or adopted child(ren)?	Yes ☐ No ☐

Section C - Course Information

Trade Name			
Course Start Date		Course End Date	
Name of training institution you wish to attend			
Location of training institution			

Will you be attending all weeks of this block of training? Yes ☐ No ☐

If no, please specify the date(s) you will not be attending and why:

Section D - Additional Information

Definition of Dependent: A dependent is a person dependent on an applicant or an applicant's spouse if the dependent person is:

- 18 years of age or under, are wholly dependent on the parent or guardian for support, and for whom the parent or guardian has, by law or in fact, custody and control; or
- wholly dependent on the parent or guardian for support due to a permanent disability, and for whom the parent or guardian has, by law or in fact, custody and control; and
- residing with the applicant a minimum of 50% of the time; or
- 19 years of age or older, are in a full-time program at a post secondary institute.

Please list any dependents who meet the above criteria for whom the applicant is wholly responsible.

Name	Relationship	Date of Birth (Children) (YYYY - MM - DD)	Is this Dependent a Full- time Student? (Y or N)	Does this dependent have a permanent disability? (Y or N)

NOTE: If you are paying for dependent care, you will be required to complete a Verification of Dependent Care Form. You may also be required to provide evidence of dependents and custody.

STATEMENT OF COSTS RELATED TO TRAINING

Please Check those that apply		
☐	Daily Travel • Will you be using your vehicle to travel to and from the training institute?	Yes ☐ No ☐
☐	Destination Travel, if applicable • If Training Institute is off-Island, please specify the Province in which Institute is located	
☐	Dependant Care, if applicable • If you currently pay for a childcare provider, please provide name or facility of childcare provider	
	• Specify the weekly amount you will pay your childcare provider (Receipts may be required)	$
☐	Living Away From Home, if applicable • If paying for a residence at or near the training institute "in addition" to paying for your usual place of residence, provide the temporary address during training	
	• Specify the weekly rental costs	$

Declaration:
I declare:
(a) I have read and understand the information provided in this application package;
(b) The information I have provided to the Department of Innovation and Advanced Learning & SkillsPEI in this application and supporting documentation is true, accurate and complete in every respect;
(c) If the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the Department of Innovation and Advanced Learning & SkillsPEI;
(d) The information provided, with respect to amounts owing in default to the Government of PEI, is true and accurate. I recognize that amounts payable to me under any future agreement may be deducted from, or set-off against, any such amounts owing to the Government of PEI.

I agree:
(a) The information I have provided in this application can be subject to a proof of evidence request at any time during this agreement.

I authorize:
(a) the Minister of Innovation and Advanced Learning to disclose all information contained in this application concerning an amount in default owing to the Government of PEI for the purpose of verifying the amount and status of debt, and

(b) the Government of PEI to disclose to the Minister of Innovation and Advanced Learning, all particulars and information relevant to the debt solely for the purpose of the administration of my application in connection with my declaration as to amounts owing to the provincial government that are in default.

NAME OF APPLICANT (PLEASE PRINT):	
SIGNATURE OF APPLICANT:	DATE:

This form must be completed immediately and submitted to the nearest SkillsPEI Office listed below.

O'Leary
Future Tech West-O'Leary
453 Main Street
O'Leary, PE C0B 1V0
Ph: (902) 859-8898
Fax: (902) 859-8895

Summerside
Access PEI- Summerside
120 Harbour Drive P.O. Box 2063
Summerside, PE C1N 5L2
Ph: (902) 438-4151
Fax: (902) 438-4096

Charlottetown
Atlantic Technology Centre
90 University Avenue
Charlottetown, PE C1A 4K9
Ph: (902) 368-6290/6291
Fax: (902) 368-6340

Montague
Montague Site
541 Main Street
Montague, PE C0A 1R0
Ph: (902) 838-0674
Fax: (902) 838-8090