



# DIGITAL SKILLS FOR YOUTH PROGRAM (DS4Y PEI)

## Application for Employers

Application Received By ELL  Office Use Only
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A - EMPLOYER INFORMATION		
BUSINESS NAME		FILE NUMBER (Office Use Only)
LEGAL NAME OF BUSINESS (If different)		
MAILING ADDRESS		
COMMUNITY/CITY	PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO.	AREA CODE & FAX NO.	EMAIL ADDRESS
BUSINESS NUMBER (Canada Revenue Agency)		Workers Compensation Firm #
CONTACT PERSON		POSITION OF CONTACT PERSON
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
MAJOR PRODUCT/SERVICE	NUMBER OF EMPLOYEES	SECTOR
PREFERRED LANGUAGE  English <input type="checkbox"/> French <input type="checkbox"/>	ORGANIZATION TYPE  Proprietorship/Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Other _____: <input type="checkbox"/>	

B – DURATION OF INTERN EMPLOYMENT & WAGE AMOUNT	
Estimated length of employment (minimum 6 months or 900 hrs):	Number of weeks _____ Hours per week _____
Estimated total wage amount (Minimum \$10,500):	Rate per hour _____ Total wage amount _____

C – Job Description
Please attached a job description and digital skills mentorship plan to this application

D - LEGAL SIGNING OFFICERS				
How many signatures are required to bind your organization into a legal agreement?				NUMBER
How many signatures are required to sign a payment claim form or other report submitted to SkillsPEI?				NUMBER
Please provide those signatures (printed Title/Name) in the table below, indicating appropriate authorization. Also note any specific combination of signatures required.				
AGREEMENTS	CLAIMS	TITLE	NAME	SIGNATURE



**E – INSURANCE COVERAGE**

Please indicate type of accident insurance available:

N/A  None  Private Coverage  If Private, specify: \_\_\_\_\_

Do you have liability insurance?

Yes  No  If Yes, specify policy number \_\_\_\_\_

**F – PRIVACY**

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 programs administered under the TEAM SEAFOOD Program. 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.

**G – DECLARATION**

**I/We certify** that I/we have read and understood the information provided above.

**I/We declare:**

- a) that the information in this application is accurate.
- b) that, 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 Education and Lifelong Learning & SkillsPEI;

**I/We agree** that the information I/we have provided in this application can be subject to a proof of evidence request at any time during this agreement.

**I/We authorize:**

- a) the Minister of Education and Lifelong Learning to disclose all information contained in this application to the Government of PEI for the purpose of verifying the amount of debt, if any, owing to the Government of PEI which may be in default.
- b) the Government of PEI to disclose to the Minister of Education and Lifelong Learning all particulars and information relevant to debt(s) I/we owe to the Government of PEI, solely for the purpose of the administration of my/our application for funding.

**H - SIGNATURES**

APPLICANT NAME (PRINT)	POSITION	SIGNATURE	DATE (YYYY/MM/DD)

**OFFICIAL USE ONLY**

DATE	SIGNATURE

Applications may be submitted by email or fax to:

Emma Werner

[ecwerner@gov.pe.ca](mailto:ecwerner@gov.pe.ca)

Phone: (902)620-3625

Fax: (902)368-6144

or in person at any SkillsPEI office.