



# APPLICATION FOR FUNDING

## EMPLOY PEI - INDIVIDUAL

### Section A - Personal Information

|                                      |
|--------------------------------------|
| Application Received By<br>SkillsPEI |
| Office Use Only                      |

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 *Employ PEI* 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.

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| SOCIAL INSURANCE NUMBER   |                                      | FILE NUMBER (Office use only)  |   |
| SURNAME   |                                      |  |   |
| GIVEN NAME  |                                      | MIDDLE NAME  |   |
| ADDRESS   |                                      |  |   |
| COMMUNITY/CITY  |                                      | PROVINCE   | POSTAL CODE                                       |
| AREA CODE & TELEPHONE NO.<br>( ) -  | OTHER CONTACT TELEPHONE NO.<br>( ) - | E-MAIL ADDRESS   |   |
| DATE OF BIRTH<br>(YYYY - MM - DD)   |                                      | GENDER<br>FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>      |   |
| Do you have a permanent disability? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                      |  |   |
| Nature of the Disability:<br>Deaf, Hard of Hearing <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other <input type="checkbox"/><br>Blind, Visually Impaired <input type="checkbox"/> Learning Disability <input type="checkbox"/> |                                      |  |   |
| Does this permanent disability restrict your ability to participate in studies at the post-secondary level or in the labour force? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                      |  |   |
| If you are applying for financial consideration related to your disability, please complete and submit the Permanent Disability Medical Form or for a learning disability, submit a written diagnosis from a psychologist.                                |                                      |  |   |
| Are you a Canadian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                      | Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| What is your preferred Language of Service?   |                                      | English <input type="checkbox"/>   | French <input type="checkbox"/>                   |
| What is your preferred Language of Correspondence?  |                                      | English <input type="checkbox"/>   | French <input type="checkbox"/>                   |
| Are you a member of an Aboriginal Group?  |                                      | Yes <input type="checkbox"/>   | No <input type="checkbox"/>                       |
| Please specify if you consider yourself to be a member of one of the following priority groups?   |                                      | Immigrant <input type="checkbox"/>   | Visible Minority <input type="checkbox"/>         |
|   |                                      | Youth <input type="checkbox"/>   | Person with Disabilities <input type="checkbox"/> |
|   |                                      | Women <input type="checkbox"/>   | Older Worker <input type="checkbox"/>             |

### Section B - Eligibility

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you applied for or are you currently in receipt of Employment Insurance?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had an Employment Insurance claim that <b>ended</b> in the past 60 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently employed?<br>If yes, how many hours per week? _____               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If employed, are you requesting authorization to quit your employment to participate in this program? Yes  No   
 If yes, complete and attach the "Request for Authorization to Quit Employment" form and supporting documentation.

Have you received any previous funding under programs administered by the Government of Prince Edward Island or Human Resources and Skills Development Canada? Yes  No

**Section C Declaration - Amounts owing in Default to the Government of PEI**

Do you, the applicant, owe any amounts that are in default to the Government of PEI?  
 Yes  No

If yes, please provide details:

| Amounts in Default Owing | Nature of the Amount of Default Owing (taxes, penalties, overpayments, etc.) | Name of Government Department or Agency to which the Amount in Default is Owed |
|--------------------------|--|--|
| \$                       |  |  |
| \$                       |  |  |

**Section D - Supporting Documentation**

Your application will not be assessed until the following documents are attached to support your request. Please check each item that is attached to this application or that will be sent at a later date.

- Return-to-Work-Action-Plan that identified the appropriateness of this application.
- Resumé which includes the applicant's education and work history
- Exchange of Information Form
- Documentation to support request for additional costs, if applicable.
- Complete the "Request for Authorization to Quit Employment" form and supporting documentation, if applicable.

**Section E - Declaration**

Declaration:

- I declare that:
- (a) I have read and understood the information provided in this application package;
  - (b) the information I have provided to the Department of Workforce 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 Workforce 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 that:
- (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 Government of PEI to disclose to the Minister of Workforce 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 Government of PEI.

NAME OF APPLICANT (PLEASE PRINT):

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_