



APPLICATION FOR FUNDING

TRAINING PEI PROGRAM – APPRENTICE

PROGRAM OFFICER
DATE APPLICATION RECEIVED BY SKILLSPEI

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* 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.

A – PERSONAL INFORMATION		
SOCIAL INSURANCE NUMBER	OCSM #	
LAST NAME		
FIRST NAME	MIDDLE NAME	
BIRTH DATE (DD-MM-YYYY)	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNSPECIFIED <input type="checkbox"/> PREFER NOT TO REPORT <input type="checkbox"/>	
LANGUAGES SPOKEN English Only <input type="checkbox"/> French Only <input type="checkbox"/> English and French <input type="checkbox"/> Not a Federal Official Language <input type="checkbox"/>		REQUESTED LANGUAGE OF SERVICE English <input type="checkbox"/> French <input type="checkbox"/>
CITIZENSHIP STATUS Canadian Citizen <input type="checkbox"/> Landed Immigrant / Permanent Resident of Canada <input type="checkbox"/> Foreign Student <input type="checkbox"/> Foreign Worker <input type="checkbox"/> Protected Person <input type="checkbox"/>		
MARITAL STATUS Married or Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Prefer Not To Report <input type="checkbox"/>	NUMBER OF DEPENDENT CHILDREN	
ADDRESS (STREET ADDRESS, PO BOX, APT.#)		
MUNICIPALITY	PROVINCE	POSTAL CODE
PHONE NUMBER (AREA CODE) & NUMBER – If multiple numbers, please check your primary number. Home () - <input type="checkbox"/> Cellular () - <input type="checkbox"/> Work () - <input type="checkbox"/> No Phone Number <input type="checkbox"/>		EMAIL ADDRESS

B – PRIORITY GROUPS	
Please specify if you consider yourself to be a member of one or more of the following priority groups.	
Visible Minority	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Report <input type="checkbox"/>
*Disability	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Report <input type="checkbox"/>
Indigenous Identity	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Report <input type="checkbox"/>
Immigrant	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not To Report <input type="checkbox"/> Immigration Year _____ (If unknown report 0000)
*If you are applying for financial consideration related to your disability, please complete and submit the Permanent Disability Medical form. For an intellectual disability, submit a written diagnosis from a psychologist.	

C - ELIGIBILITY	
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are employed, how many hours per week?	
Are you in receipt of a layoff to attend training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you received any previous funding administered by the Government of Prince Edward Island or the Government of Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>

D – 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 <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details:		
Amounts in Default Owing	Nature of the Amount of Default Owing (taxes, penalties, overpayments, etc.)	Government Department or Agency the Amount in Default is Owed
\$		



Do you currently have either:

- i) an order or judgment for maintenance, alimony or family financial support against you, or Yes No
- ii) an obligation under an agreement for the payment of maintenance or family financial support in respect of which a garnishee summons has been served on the Department of Justice under the Family Orders and Agreements Enforcement Assistance Act? Yes No

Important Information: If you have a garnishee summons, it is important to contact the Maintenance Enforcement Program at the Office of the Attorney General to determine whether (and how much) of your *Training PEI* financial assistance may be garnisheed. In some instances it may be possible for you to negotiate suspension or reduction of the garnishment during *Training PEI* participation. This situation should be resolved so you know whether you can participate in *Training PEI*, before the final approval of your *Training PEI* application.

E – COURSE INFORMATION	
TRADE NAME	
COURSE START DATE	COURSE END DATE
TRAINING INSTITUTION	
LOCATION OF TRAINING INSTUTION	
Will you be attending all weeks of this block of training	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, below please specify the date(s) you will not be attending and why:	

F – REQUEST FOR FINANCIAL ASSISTANCE		
<i>(Please complete all areas noted below that are applicable to your request for assistance under the program)</i>		
Daily Travel	Will you be using your vehicle to travel to and from the training institution each day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Destination Travel	If the training institution is located 'off-Island', please specify the province in which it is located.	
Dependent Care	If you currently pay a dependent care provider and are seeking assistance for this cost, please complete the ' Verification of Dependent Care ' form. Additional information related to dependents is requested in section G of the application.	
	Provide the weekly costs you pay your dependent care provider (Receipts may be required)	\$
Living Away From Home	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. Please specify weekly rental costs. (Confirmation may be required)	\$

G – ADDITIONAL INFORMATION				
Definition of Dependent: A dependent is a person dependent on an applicant or an applicant's spouse if the dependent person is:				
<ul style="list-style-type: none"> • 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 institution 				
Please list any dependents who meet the above noted criteria for whom the applicant is wholly responsible				
Name	Relationship	Date of Birth (DD-MM-YYYY)	Is the dependent a Full-time student?	Does the dependent have a permanent disability?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: Applicants requesting dependent care assistance, will be required to complete a 'Verification of Dependent Care' form. Applicants may also be required to provide evidence of dependents and custody.



H - DECLARATION

I declare that:

- a) I have read and understood the information provided in this application;
- 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 Prince Edward Island, 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 Prince Edward Island.

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 the time of my participation in the program.

I authorize:

- a) the Government of Prince Edward Island 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 Prince Edward Island.
- b) the Government of Prince Edward Island to disclose to the Minister of Workforce and Advanced Learning all particulars and information relevant to the debts 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.

I - Client Consent

The Department of Workforce and Advanced Learning and SkillsPEI respects your rights for privacy. As stated in the *Freedom of Information and Protection of Privacy Act (FOIPP)*, all clients: have the right to the protection of their personal information; have the right to access their personal information that is held within the department; and have the right to request the correction of their personal information if there has been an error or omission.

There are times when we may need to collect, use and disclose your personal information (including Full Name, Social Insurance Number, Gender, Date of Birth, Age, Level of Education, Mailing Address, Telephone Number, Email Address) as we plan, provide and coordinate career, employment and youth services. The sharing of your personal information relates directly to, and is necessary for your participation in the career, employment and youth services provided by the Department of Workforce and Advanced Learning and SkillsPEI. Additional information that may be shared for evaluation purposes may include but is not limited to employment status, work history, EI/Non EI eligibility, change in income level, and change in education level. If you have any questions about the collection, use or disclosure of your personal information, you may contact the Manager at your nearest SkillsPEI office or call 1-877-491-4766.

By signing this form, you are giving permission for the collection, use and disclosure of your personal information with other government departments, agencies, organizations and private sector employers. Some examples of these may include but are not limited to: Employment and Social Development Canada, Service Canada, Department of Family and Human Services, Post Secondary and Continuing Education, secondary and post-secondary institutions, community agencies which provide employment assistance and personal supports, and researchers who may contact the client for a follow up survey.

J – SIGNATURE

APPLICANT NAME (Print)	SIGNATURE	DATE (DD-MM-YYYY)

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

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

Summerside
Access PEI- Summerside
 120 Heather Moyse Drive
 Summerside, PE C1N 5L2
 Ph: (902) 438-4151
 Fax: (902) 438-4096

Charlottetown
Atlantic Technology Centre
 176 Great George St, Suite 212
 Charlottetown, PE C1A 4K9
 Ph: (902) 368-6290/6291
 Fax: (902) 368-6340

Montague
 548 Main Street
 Montague, PE C0A 1R0
 Ph: (902) 838-0674
 Fax: (902) 838-0830