



Application Received By
SkillsPEI

WORKPLACE SKILLS TRAINING

Application for Employers

A - APPLICANT 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
LOCATION OF ACTIVITY (If different than mailing address)		
BUSINESS NUMBER (Canada Revenue Agency)		DATE BUSINESS ESTABLISHED
GST, HST or REBATE NO.		REBATE % (If applicable)
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 Private <input type="checkbox"/> Industry Association <input type="checkbox"/> Sector Council <input type="checkbox"/>	

B - 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 reimbursement form (claim)?	NUMBER			
Please provide those signatures (with printed Title / Name) in the table below, indicating what they are authorized to sign. Also note any specific combination of signatures is required.				
AGREEMENTS	CLAIMS	TITLE	NAME	SIGNATURE

C – INSURANCE COVERAGE
Do you have liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify policy number: _____
Workers Compensation Account Number (if registered): _____



D – PREVIOUS EXPERIENCE WITH GOVERNMENT

Please describe past and current agreements with the government of Prince Edward Island and/or Federal Government (if applicable).

--

E – AMOUNTS OWING GOVERNMENT OF PRINCE EDWARD ISLAND

Are there amounts in default to the government of Prince Edward Island ? Yes No If yes, provide details below.

AMOUNTS OWING IN DEFAULT	NATURE OF AMOUNT OWING (TAXES, OVERPAYMENTS, ETC.)	NAME OF DEPARTMENT OR AGENCY TO WHICH AMOUNT IS OWED

F - TRAINING DESCRIPTION: Provide an attached document describing the criteria noted below. Applications will not be assessed until ALL of the information noted below has been received.

Detailed proposal outlining ALL of the following elements:

1. APPLICANT INFORMATION

- An outline of the company's products or services and the plan, if any, for future growth
- If you applying on behalf of another organization, list the business(s) name and location

2. TRAINING OVERVIEW

- Name of training,
- Objectives/Purpose
- Training activities,
- Start and end date of training,
- Hours per week per participant
- Location, duration and expected results
- Training institution, trainer and quote detailing all costs associated with the training

3. PARTICIPANT DETAILS

- Participant name(s) including their current employment status (ie. employed, unemployed) and position with the/your organization (if applicable)
- If the participant(s) is/are an existing employee, will they continue to work while receiving the proposed training
- Anticipated position of the participant(s) with the/your organization at the conclusion of the proposed training

G - BUDGET DETAILS

Eligible Costs	Amounts
Tuition Fees/Training Fees	
Mandatory Student Fees	
Textbooks, software and or required materials	
Examination Fees	

SkillsPEI Requested Contributions (50%)	Applicant/Other Contributions (50%)	Total Project Value



H - 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 Canada-Prince Edward Island Workforce Development Agreement. 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.

I - ADDITIONAL INFORMATION

Is there a labour stoppage or labour management dispute in progress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a union concurrence with this proposed subsidy (if applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this proposed request result in the displacement of existing employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As a result of this program, will the individual(s) participating in this program to be hired/retained by your/the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>

J – DECLARATION

I/We certify:

- a) the proposed project(s) will not commence until an agreement has been signed with the Government of Prince Edward Island as represented by the Department of Workforce and Advanced Learning & SkillsPEI and the agreement start date established;
- b) 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 Workforce and Advanced Learning & SkillsPEI;
- c) that 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/We agree:

- a) the information I/we have provided in this application can be subject to a proof of evidence request at anytime during the assessment of my application or during my participation in the program.

I/We authorize:

- (a) the Minister of Workforce 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 amounts and status of debt;
- (b) 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 purposes of the administration of my/our application for funding in connection with my/our declaration.
- (c) the Government of Prince Edward Island to disclose to the Government of Canada, the following information, including personal information: name and contact information of the business or organization benefitting from the Grant, the training institution and the type of job for which training is being provided.

I/We understand that some personal information, collected on this application form, may be shared with Employment and Social Development Canada.

K – SIGNATURE(S)

APPLICANT NAME (PRINT)	POSITION	SIGNATURE	DATE (YYYY/MM/DD)
OFFICIAL USE ONLY			
Signature		Date	

April 2018