



PROGRAM OFFICER
OCSM AGREEMENT #
DATE APPLICATION RECEIVED BY SKILLSPEI

APPLICATION FOR FUNDING

WORKPLACE SKILLS TRAINING – INDIVIDUAL

PLEASE NOTE: ALL SECTIONS OF THE APPLICATION MUST BE COMPLETED

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 *Workplace Skills Training* 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			
LAST NAME			
FIRST NAME		MIDDLE NAME	
BIRTH DATE (DD-MMM-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)			

C- EDUCATION (HIGHEST LEVEL OF EDUCATION COMPLETED)			
Please choose your Highest Level of Education Completed (check one box) from the list below and fill in the additional details about this program.			
Grades 1-8 <input type="checkbox"/>	Certificate Program – College, CEGEP, or other non-university <input type="checkbox"/>	Undergraduate Degree Program <input type="checkbox"/>	
Grades 9-11 <input type="checkbox"/>	Certificate Program – University <input type="checkbox"/>	Professional Designation <input type="checkbox"/>	
High School <input type="checkbox"/>	Diploma Program - College, CEGEP, or other non- university <input type="checkbox"/>	Masters Degree Program <input type="checkbox"/>	
GED (High school equivalency) <input type="checkbox"/>	Diploma Program – University <input type="checkbox"/>	Doctorate Program <input type="checkbox"/>	
	Red Seal <input type="checkbox"/>		



PROGRAM NAME	INSTITUTION NAME	PROVINCE
START DATE (DD-MMM-YYYY)	END DATE (DD-MMM-YYYY)	
IF your Highest Level Of Education completed is High School or equivalent to High School (GED), have you attempted any additional post secondary training that you did not complete? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES , please check below the type of program you attempted but did not complete:		
Certificate Program – College, CEGEP, or other non-university <input type="checkbox"/>	Undergraduate Degree Program <input type="checkbox"/>	
Certificate Program – University <input type="checkbox"/>	Professional Designation <input type="checkbox"/>	
Diploma Program - College, CEGEP, or other non-university <input type="checkbox"/>	Masters Degree Program <input type="checkbox"/>	
Diploma Program – University <input type="checkbox"/>	Doctorate Program <input type="checkbox"/>	
Red Seal <input type="checkbox"/>		
PROGRAM NAME	INSTITUTION NAME	PROVINCE
START DATE (DD-MMM-YYYY)	END DATE (DD-MMM-YYYY)	INCOMPLETE <input type="checkbox"/>
If your Highest Level of Education is High School or equivalent to High School (GED) are you currently enrolled in any additional post secondary training? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES , please check below the type of program you are currently enrolled in:		
Certificate Program – College, CEGEP, or other non-university <input type="checkbox"/>	Undergraduate Degree Program <input type="checkbox"/>	
Certificate Program – University <input type="checkbox"/>	Professional Designation <input type="checkbox"/>	
Diploma Program - College, CEGEP, or other non-university <input type="checkbox"/>	Masters Degree Program <input type="checkbox"/>	
Diploma Program – University <input type="checkbox"/>	Doctorate Program <input type="checkbox"/>	
Red Seal <input type="checkbox"/>		
PROGRAM NAME	INSTITUTION NAME	PROVINCE
START DATE (DD-MMM-YYYY)	END DATE (DD-MMM-YYYY)	IN PROGRESS <input type="checkbox"/>

D – EMPLOYMENT RECORD			
CURRENT EMPLOYMENT STATUS (Please check one box)			
Unemployed <input type="checkbox"/>	Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Not in the labour force <input type="checkbox"/>
If you have never had a paid work experience please check the box below and do not complete Employment History . No paid work experience <input type="checkbox"/>			
EMPLOYMENT HISTORY (CURRENT EMPLOYMENT OR LAST PLACE OF EMPLOYMENT)			
EMPLOYER NAME			
TYPE OF EMPLOYMENT			
Full Time <input type="checkbox"/> Part time<20 hrs <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seasonal (Full time) <input type="checkbox"/> Seasonal (Part time<20 hrs) <input type="checkbox"/>			
PROVINCE OF EMPLOYMENT		OCCUPATION	
AVERAGE HOURS WORKED PER WEEK			
<11 hr/wk <input type="checkbox"/> 11-15 hr/wk <input type="checkbox"/> 16-20 hr/wk <input type="checkbox"/> 21-25 hr/wk <input type="checkbox"/> 26-30 hr/wk <input type="checkbox"/> 31-35 hr/wk <input type="checkbox"/> 36-40 hr/wk <input type="checkbox"/> >40 hr/wk <input type="checkbox"/>			



AVERAGE HOURLY WAGE				
< \$12.01/hr <input type="checkbox"/>	\$12.01 to \$13.00/hr <input type="checkbox"/>	\$13.01 to \$14.00/hr <input type="checkbox"/>	\$14.01 to \$15.00 /hr <input type="checkbox"/>	\$15.01 to \$16.00/hr <input type="checkbox"/>
\$16.01 to \$17.00 <input type="checkbox"/>	\$17.01 to \$18.00/hr <input type="checkbox"/>	\$18.01 to \$19.00/hr <input type="checkbox"/>	\$19.01 to \$20.00 /hr <input type="checkbox"/>	> \$20/hr <input type="checkbox"/>
START DATE OF EMPLOYMENT (DD-MMM-YYYY)			END DATE OF EMPLOYMENT (DD-MMM-YYYY)	
If you are no longer working with this employer or were self employed, what were your reasons for leaving:				
Laid Off <input type="checkbox"/>	Quit <input type="checkbox"/>	Fired <input type="checkbox"/>	Self Employment Business Closed <input type="checkbox"/>	

<h3>E - DECLARATION</h3> <p>I declare that:</p> <ol style="list-style-type: none"> I have read and understood the information provided in this application; 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; 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; 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. <p>I agree that:</p> <ol style="list-style-type: none"> 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. <p>I authorize:</p> <ol style="list-style-type: none"> 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. 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.

<h3>F – CLIENT CONSENT</h3> <p>The Department of Workforce and Advanced Learning and SkillsPEI respects your rights for privacy. As stated in the <i>Freedom of Information and Protection of Privacy Act (FOIPP)</i>, 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.</p> <p>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.</p> <p>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.</p>

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