



APPLICATION FOR FUNDING TRAINING PEI - APPRENTICE

Section A - Personal Information

Date of Application Received	Date of Request For Assistance
Office Use Only	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 Training PEI Apprentice program. The information collected on this application shall be used for eligibility and evaluation purposes. 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. () -	OTHER CONTACT TELEPHONE NO. () -	E-MAIL ADDRESS	
DATE OF BIRTH (YYYY - MM - DD)		GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
CLIENT STATUS			
SINGLE (living at home) <input type="checkbox"/>		SINGLE (living away from home) <input type="checkbox"/>	
MARRIED/Common LAW <input type="checkbox"/>		PARENT (with dependent children) <input type="checkbox"/> (See Section D)	
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"/>			

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 ended in the past 36 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an Employment Insurance claim (maternity or parental) that began within the last 60 months for which benefits were paid and are you re-entering the work-force after having left it to care for a new born or adopted child(ren)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section C - Course Information

Trade Name			
Course Start Date		Course End Date	
Name of training institution you wish to attend			
Location of training institution			
Will you be attending all weeks of this block of training? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, please specify the date(s) you will not be attending and why:			

Section D - Additional Information

Definition of Dependent: A dependent is a person dependent on an applicant or an applicant's spouse if the dependent person is:

- 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 institute.

Please list any dependents who meet the above criteria for whom the applicant is wholly responsible.

Name	Relationship	Date of Birth (Children) (YYYY - MM - DD)	Is this Dependent a Full-time Student? (Y or N)	Does this dependent have a permanent disability? (Y or N)

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.

STATEMENT OF COSTS RELATED TO TRAINING

Please Check those that apply		
<input type="checkbox"/>	Daily Travel • Will you be using your vehicle to travel to and from the training institute?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	Destination Travel, if applicable • If Training Institute is off-Island, please specify the Province in which Institute is located	
<input type="checkbox"/>	Dependant Care, if applicable • If you currently pay for a childcare provider, please provide name or facility of childcare provider • Specify the weekly amount you will pay your childcare provider (Receipts may be required)	\$
<input type="checkbox"/>	Living Away From Home, if applicable • 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 • Specify the weekly rental costs	\$

<p>Declaration: I declare:</p> <p>(a) I have read and understand the information provided in this application package;</p> <p>(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;</p> <p>(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;</p> <p>(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.</p> <p>I agree:</p> <p>(a) The information I have provided in this application can be subject to a proof of evidence request at any time during this agreement.</p> <p>I authorize:</p> <p>(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 amount and status of debt, and</p> <p>(b) 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 provincial government that are in default.</p>	
NAME OF APPLICANT (PLEASE PRINT):	
SIGNATURE OF APPLICANT:	DATE:

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 Moyses Dr P.O. Box 2063
 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
Montague Site
 548 Main Street
 Montague, PE C0A 1R0
 Ph: (902) 838-0674
 Fax: (902) 838-8090