



APPLICATION FOR FUNDING

TRAINING PEI - INDIVIDUAL

Section A - Personal Information

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| 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 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.

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|--|--------------------------------------|--|-------------|
| 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 E) | |
| Do you have a permanent disability? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Nature of the Disability: | | | |
| Deaf, Hard of Hearing <input type="checkbox"/> | | Physical Disability <input type="checkbox"/> | |
| Blind, Visually Impaired <input type="checkbox"/> | | Learning Disability <input type="checkbox"/> | |
| | | Other <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

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| 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"/> |
| Are you currently employed? 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? If yes, complete and attach the "Request for Authorization to Quit Employment" form and supporting documentation. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you received any previous funding under programs administered by the Government of Prince Edward Island or Human Resources and Skills Development Canada? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section C - Education

| Highest Grade Completed | | Year Completed | | | | |
|--|------------------------------|-----------------------------|--------------------------|--------------------------|---|--------------------------|
| Province/Country | | | | | | |
| Were you attending school full-time during the last academic year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| List all other training and/or courses (degrees, trade licenses, diplomas, certificates) you have attended | | | | | | |
| Name of Course/Program | Name of Institution | Year | Completed | | Was this training program funded by the Government of PEI or HRSDC? | |
| | | | Yes | No | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section D - Course Information

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| Name of the course you wish to attend | | | |
| Course Start Date | | Course End Date | |
| Name of training institution you wish to attend | | | |
| Location of training institution | | | |
| Have you compared the course content/costs/graduates' success in finding jobs for this training with similar courses at other training institutions? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Explain the results of your research: | | | |
| If you have been accepted by the training institution you must provide a copy of the letter of acceptance which is required to contain the following: | | | |
| <ul style="list-style-type: none"> • the start and end date of the training • the course costs • the breakdown of costs • the tuition payment schedule • the number of hours of training per week • the scheduled breaks in training, if applicable | | | |

Section E - Financial Information

Financial assistance for Basic Living Allowance (BLA) may be requested once your Employment Insurance (EI) benefits have exhausted. This request for assistance must be made in writing to your local SkillsPEI office. The amount of financial assistance you may receive while participating in Training PEI will be based on your family status.

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| Are you receiving income assistance from any other government department or agency? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify: |
| Are you receiving or have you applied for dependent care assistance from any other government department or agency? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify: |
| Do you require dependent care assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Definition of Married/Common-Law: You are Married or Common-Law if:

- you are married; or
- you are living common-law and have claimed your marital status as common-law on your Income Tax and Benefits Return for the last two years; or
- you did not declare your marital status as common-law on your last year's Income Tax and Benefits Return but you and your common-law partner are the natural parents of a child or children living in the same household for whom you are financially responsible.

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) |
|------|--------------|---|---|---|
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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.

FAMILY ORDER AGREEMENTS

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.

Section F - 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"/> | | |
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| 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 G - Supporting Documentation

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| <p>The following documents must be attached to support your request for financial assistance and referral to training. Please ensure that each item described below is included as part of this application.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you have already been accepted by the training institution, a copy of the letter of acceptance outlining the required information as indicated in Section "D" <input type="checkbox"/> Return to Work Action Plan <input type="checkbox"/> Resumé which includes the applicant's education and work history <input type="checkbox"/> Exchange of Information form/SkillsPEI Consent form <input type="checkbox"/> Proof of Education <input type="checkbox"/> Canada Child Tax Benefit Confirmation and/or Income Tax Notice of Assessment, if applicable <input type="checkbox"/> Verification of Dependent Care Form, if applicable <input type="checkbox"/> Completed "Request for Authorization to Quit Employment" form and any supporting documentation, if applicable <input type="checkbox"/> Other related documentation |
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| <p>Declaration:</p> <p>I declare:</p> <ul style="list-style-type: none"> (a) I have read and understand 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. <p>I agree:</p> <ul style="list-style-type: none"> (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>I authorize:</p> <ul style="list-style-type: none"> (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 (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. |
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| NAME OF APPLICANT (PLEASE PRINT): | |
| SIGNATURE OF APPLICANT: | DATE: |