



APPLICATION FOR FUNDING

Date of Application Received	Date of Request for Assistance
Office Use Only	Office Use Only

TRAINING PEI - CAREER CONNECT PROGRAM

A-PERSONAL INFORMATION			
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 –Career Connect 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. () -	ALTERNATE TELEPHONE NO. ()	EMAIL ADDRESS	
DATE OF BIRTH (YYYY - MM – DD)		GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
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"/>	

B-Eligibility	
Are you a resident of Prince Edward Island?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you enrolled in a full-time post secondary program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been out of secondary school (high school) 12 consecutive months?	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"/>
Are you currently employed? If yes, how many hours per week? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
If employed, please confirm the status of your employment? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	

C- Education	
Highest Level of Education Completed	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University __BA __MA __PHD __Diploma
Date Completed (Month/Year)	
Province/Country	

D- Course Information

Please provide details on the full-time program you are/will be attending

Program Name:	Year of Study: (e.g. 1 of 2)	Anticipated Graduation Date: (mm/dd/yy)
Name of Training Institution		
Location of Training Institution		
Course Start Date: (mm/dd/yy)	Course End Date: (mm/dd/yy)	

E- Supporting Documentation

The following documents **must be provided** with your request for assistance and referral to training through the Training PEI - Career Connect Program. Please ensure that each item described below is included as part of this application.

- Proof of enrollment letter issued by the training institution confirming full-time participation in the training program; and
- Resumé which includes the applicant's education and work history

D - 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.

F- DECLARATION

I declare:

- (a) I am a resident of PEI;
- (b) I have read and understand the information provided in this application package;
- (c) 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 to the best of my knowledge; and
- (d) I understand that if the information described above is false or misleading, I may be required to repay some or all of the financial assistance provided by Canada under Part I of the *EI Act*.

I agree:

- (a) The information I have provided in this application can be subject to a proof of evidence request at any time during the Project Period.

NAME OF APPLICANT (PLEASE PRINT):

SIGNATURE OF APPLICANT:

DATE:

March 2017