



PEI FARM TEAM PROGRAM

Application for Employers

Application Received By
SkillsPEI

Office Use Only

A - EMPLOYER 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
BUSINESS NUMBER (Canada Revenue Agency)		Workers Compensation Firm #
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 Proprietorship/Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Other _____: <input type="checkbox"/>	

B – ESTIMATE NUMBER OF STUDENTS TO BE HIRED & FUNDING REQUEST	
Estimate of Post-Secondary Students to be hired:	No _____ X \$1,000 = \$ _____
Estimate of High School Students to be hired:	No _____ X \$ 500 = \$ _____
TOTAL ESTIMATED COST OF COMPLETION BONUS/BUSARY: \$ _____	
FUNDING REQUESTED FROM SKILLSPEI (75% of above total): \$ _____	

C - 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 claim form or other report submitted to SkillsPEI?		NUMBER		
Please provide those signatures (printed Title/Name) in the table below, indicating appropriate authorization. Also note any specific combination of signatures required.				
AGREEMENTS	CLAIMS	TITLE	NAME	SIGNATURE

D – INSURANCE COVERAGE
Please indicate type of accident insurance available: N/A <input type="checkbox"/> None <input type="checkbox"/> Private Coverage <input type="checkbox"/> If Private, specify: _____
Do you have liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify policy number _____



E – 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 TEAM SEAFOOD 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.

F – DECLARATION

I/We certify 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;

I/We agree that the information I/we have provided in this application can be subject to a proof of evidence request at any time during this agreement.

I/We authorize:

- a) the Minister of Workforce and Advanced Learning to disclose all information contained in this application to the Government of PEI for the purpose of verifying the amount of debt, if any, owing to the Government of PEI which may be in default.
- b) the Government of PEI to disclose to the Minister of Workforce and Advanced Learning all particulars and information relevant to debt(s) I/we owe to the Government of PEI, solely for the purpose of the administration of my/our application for funding.

G - SIGNATURES

APPLICANT NAME (PRINT)	POSITION	SIGNATURE	DATE (YYYY/MM/DD)

OFFICIAL USE ONLY

DATE	SIGNATURE

Applications may be submitted by email or fax to:

Julia Patton

jcpatton@ihis.org

Phone: (902)838-0688

Fax: (902)838-8090

or in person at any SkillsPEI office.