



EXTERNAL SERVICE PROVIDER
CASE MANAGER
OCSM #
DATE APPLICATION RECEIVED BY SKILLSPEI

## APPLICATION FOR FUNDING

### TRAINING PEI PROGRAM – Industry Specific

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. 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			
LAST NAME			
FIRST NAME		MIDDLE NAME	
ADDRESS (STREET ADDRESS, PO BOX, APT.#)			
MUNICIPALITY	PROVINCE	POSTAL CODE	
PHONE NUMBER (AREA CODE) & NUMBER ( ) -			EMAIL ADDRESS

B - ELIGIBILITY	
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are employed, how many hours per week?	
If employed, are you requesting authorization to quit your employment to participate in training? If yes, please complete the 'Request for Authorization to Quit Employment' form	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 the Government of Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>

C – 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"/>		
If yes, please provide details:		
Amounts in Default Owing	Nature of the Amount of Default Owing (taxes, penalties, overpayments, etc.)	Government Department or Agency the Amount in Default is Owed
\$		

D – FINANCIAL INFORMATION	
<p><i>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.</i></p> <p><b>Please confirm your family status as of program start date:</b></p> <p>SINGLE <input type="checkbox"/> SINGLE (LIVING AWAY FROM HOME) <input type="checkbox"/>            *MARRIED OR EQUIVALENT/Common-LAW <input type="checkbox"/> *PARENT (WITH DEPENDENT) <input type="checkbox"/></p> <p><b>Definition of Married or Equivalent/Common-Law:</b> You are Married or Equivalent/Common-Law if:</p> <ul style="list-style-type: none"> <li>• you are married; or</li> <li>• 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</li> <li>• 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.</li> </ul> <p><b>Definition of Dependent:</b> A dependent is a person dependent on an applicant or an applicant's spouse if the dependent person is:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• residing with the applicant a minimum of 50% of the time; or</li> <li>• 19 years of age or older, are in a full-time program at a post secondary institute.</li> </ul>	
Are you receiving financial assistance from any other government department or agency? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you receiving or have you applied for dependent care assistance from any other government department or agency? If yes, please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require dependent care assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please list any dependents who meet the above noted criteria for whom the applicant is wholly responsible				
Name	Relationship	Date of Birth (DD-MM-YYYY)	Is the dependent a Full-time student?	Does the dependent have a permanent disability?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

<b>E – PROGRAM INFORMATION</b>	
PROGRAM NAME	
PROGRAM START DATE	PROGRAM END DATE
TRAINING INSTITUTION	
LOCATION OF TRAINING INSTITUTION	
Have you compared the course content/costs/graduates' success in finding employment for this training with similar courses at other training institutions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the results of your research been included in your application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have been accepted by the training institution you must provide a copy of the letter of acceptance which must contain the following:	
<ul style="list-style-type: none"> <li>• start and end date of the training</li> <li>• program costs</li> <li>• breakdown of costs</li> <li>• tuition payment schedule</li> <li>• number of hours of training per week</li> <li>• scheduled breaks in training, if applicable</li> </ul>	

<b>F – SUPPORTING DOCUMENTATION</b>
The following documents <b>must be</b> attached to support your request for financial assistance and referral to training. Please ensure that each item described below is included as part of the Training PEI application.
<input type="checkbox"/> Training Institution Letter of Acceptance; <input type="checkbox"/> Return to Work Action Plan; <input type="checkbox"/> Consent to Disclose Personal Information 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; <input type="checkbox"/> Completed 'Request for Authorization to Quit Employment' Form and any supporting documentation, if applicable; <input type="checkbox"/> Permanent Disability Medical Form, if applicable

<b>G - DECLARATION</b>
<b>I declare that:</b>
<p>a) I have read and understood the information provided in this application;</p> <p>b) the information I have provided to the Department 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;</p> <p>d) 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:**

- a) 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.

**I authorize:**

- a) the Government of Prince Edward Island to disclose to the Minister of Workforce, Advanced Learning and Population 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.
- b) the Government of Prince Edward Island to disclose to the Minister of Workforce, Advanced Learning and Population 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.

**H – CLIENT CONSENT**

The Department of Workforce, Advanced Learning and Population 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, Advanced Learning and Population 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 Social Development and Seniors, 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.

**I – SIGNATURE**

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

May 2023