

## Labour Force Training Application Form

INCOMPLETE FORMS WILL BE RETURNED / PRINT CLEARLY (Formulaire disponible en français)

<p><b>1</b> Legal Registered Name of Business or Organization: .....</p> <p>Street Address: .....</p> <p>Mailing Address: .....</p> <p>City/Town/Village: ..... Province: ..... Postal Code: .....</p> <p>Business Location: .....</p> <p>Web Site Address (if applicable): .....</p> <p>Main Activity of Business or Organization: .....</p>										
<p><b>2</b> Business Number from Canada Revenue Agency (if applicable): ..... RP .....</p> <p><i>All employers with a payroll number <b>MUST</b> provide it.</i></p> <p>For information on how to apply for it, please call Canada Revenue Agency at 1-800-959-5525.</p>										
<p><b>3</b> Has this business/organization received any prior funding from the Department of Post-Secondary Education, Training and Labour (PETL)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>										
<p><b>4</b> Name of Contact Person: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. ....</p> <p>Title of Contact Person: .....</p> <p>In which official language do you prefer to receive correspondence? <input type="checkbox"/> English <input type="checkbox"/> French</p> <p>Telephone: ..... Fax: .....</p> <p>Alternate Number #1: .....</p> <p>Alternate Number #2: .....</p> <p>E-mail Address (if applicable): .....</p>										
<p><b>5</b> Type of Business or Organization: <b>Only select one</b> <input type="checkbox"/> Private <input type="checkbox"/> First Nations <input type="checkbox"/> Non-Profit*</p> <p>If Private, please indicate which of the following would apply: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated</p> <p><small>*Non-profit organizations <b>must</b> provide a letter signed by a member of the Board of Directors with signing authority. The letter <b>must</b> outline (1) how they will dedicate their financial resources towards their share of the training cost (applicant's contribution towards eligible training costs) and (2) demonstrate that their contribution is not based solely on government and/or private funding.</small></p>										
<p><b>6</b> Indicate the total number of employees by category listed below working for your company at the time of application:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>Year Round, Full-Time: 44 <b>or more</b> weeks per year and 30 <b>or more</b> hours per week.</td> </tr> <tr> <td>.....</td> <td>Year Round, Part-Time: 44 <b>or more</b> weeks per year and from 15 hours to <b>less than</b> 30 hours per week.</td> </tr> <tr> <td>.....</td> <td>Seasonal, Full-Time: 43 weeks <b>or less</b> per year and 30 hours <b>or more</b> per week.</td> </tr> <tr> <td>.....</td> <td>Seasonal, Part-Time: 43 weeks <b>or less</b> per year and from 15 hours to <b>less than</b> 30 hours per week.</td> </tr> </tbody> </table>	Total	Description	.....	Year Round, Full-Time: 44 <b>or more</b> weeks per year and 30 <b>or more</b> hours per week.	.....	Year Round, Part-Time: 44 <b>or more</b> weeks per year and from 15 hours to <b>less than</b> 30 hours per week.	.....	Seasonal, Full-Time: 43 weeks <b>or less</b> per year and 30 hours <b>or more</b> per week.	.....	Seasonal, Part-Time: 43 weeks <b>or less</b> per year and from 15 hours to <b>less than</b> 30 hours per week.
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<p><b>7</b> Select one of the following which describes the training provider:</p> <p><input type="checkbox"/> Post-Secondary Institution <input type="checkbox"/> Private Company <input type="checkbox"/> Union <input type="checkbox"/> Training Coordinator <input type="checkbox"/> Industry Association</p> <p><input type="checkbox"/> Other, please specify: .....</p> <p>Name of Training Course: .....</p> <p>Name of Training Provider: .....</p> <p>Training Start Date: ..... Training End Date: .....</p>										

**8 Training Proposal**

**An application must include an attached training proposal (and curriculum) from the training provider which includes, at least, the following information:**

1. Training Provider and Contact Information;
2. Location of Training;
3. Name of Training Program / Course:
  - a) Brief description of Program / Course (including impact training will have on participants);
4. Upon successful completion, please provide the name of certification / qualification / assessment as appropriate;
5. a) Duration of Training: (Hours, days, weeks)  
b) Start Date/End Date (dd/mm/yyyy);
6. Training Method: Classroom, Workplace or On-line;
7. Costing:
  - a) Tuition fees or fees charged by a training provider (*may include **training provider** travel and accomodation costs*)
  - b) Mandatory student fees
  - c) Mandatory textbooks and software
  - d) Other required materials (1)
  - e) Examination fees
  - f) Total cost

(1) "Other required materials" refers to materials that the client **must** have in order to successfully complete the training, as identified by the training provider.

**9 Number of Training Participant(s)**

	Name of Training Participant(s)	Job Title	Potential Employees*	Existing Employees
1				
2				
3				
4				
5				

If more than five participants, please complete the Appendix.

\*Potential Employee: An individual who needs training to obtain a job with the business/organization applying for a grant.

**10 Required Additional Information (If additional space is required, attach a separate piece of paper)**

Please demonstrate how the training is necessary for the employee(s)/potential employee(s) attending the training.

Will the business/organization be receiving any other funding from the Provincial/Federal Government and/or the private sector towards this training?  Yes  No  To be determined

If yes, please specify:

Contract: .....

I confirm that:

- The training is not for certification renewal or a course refresher.
- The training participant(s) is legally entitled to work in Canada.
- The participant(s) is/will be working in NB on a permanent basis (Full-time/Part-time/Seasonal).
- The training participant(s) is not a full-time student.
- The training participant(s) is not displacing permanent employees on lay-off, vacation, parental or sick leave.

Other Comments:

I certify that the information contained in this application is correct. The training for which I am requesting a grant addresses skills gaps specific to existing or new job opportunities and ensures participants develop the necessary skills to attain, increase, improve and/or maintain labour market attachment<sup>(1)</sup>. **I certify that I have read, understood, signed, and dated the attached Consent Form, and that I may keep a copy for my records.**

Your signature affirms your status is in good standing with the New Brunswick Employment Standards Branch. Furthermore, any information relating to this application or your status with the Employment Standards Branch will be shared, if and when necessary, with the WorkingNB Branch of PETL in order to determine your eligibility to the program. Please contact your PETL Regional Workforce Consultant if your status is not in good standing with the New Brunswick Employment Standards Branch.

Signature ..... Date .....

(1) For example: Training is required as a prerequisite to hiring an individual or is due to technological or technical changes, job redesign.

# Employer Consent

## Authority to Disclose

Under the authority of the *Employment Development Act*, S.N.B. 2011, c.148, the Department of Post-Secondary Education, Training and Labour (the Department) collects, accesses, uses, discloses and protects information provided by you in accordance with section 46(1)(a) of the *Right to Information and Protection of Privacy Act*, SNB 2009, c. R-10.6 (*RTIPPA*); section 37(1) of the *Personal Health Information Protection and Access Act*, SNB 2009, c. P-7.05 (*PHIPAA*); and the Department's *Document and Record Management Policy* for the purposes of administering programs, services and supports.

## Consent to Collect, Access and Use Personal Information

I allow the Department, its agents, and service providers to collect only as much personal information as is reasonably necessary and use my information for the following purposes:

- To determine and verify my eligibility and/or participation in the program/service/support for which I am applying and/or receiving;
- To assist me in attaining my employment/business/training/academic upgrading goals, which includes monitoring my progress and any pre- and/or post-assessments; and
- To administer a program/service/support;
- To contact me both during and for a period of up to seven (7) years following my participation in the program/service/support to monitor and evaluate my employment/training status.

I consent to receive text messages, if applicable. I understand that standard or higher text messaging rates may be applied.

## Consent to Disclose Personal Information

I understand that in order to accomplish these purposes, my information may need to be shared. I hereby consent to allow the Department, its agents and external service providers to disclose my information if and when necessary to other branches within the Department; other New Brunswick provincial departments; federal government departments as per information sharing agreements; eligible employers; and third-party researchers/evaluators.

## Acknowledge Revoke

I understand that I can cancel my consent in writing at any time and in doing so I understand that I will no longer be able to participate in the program/service/support because of its administrative requirements and the requirements established by the Canada-New Brunswick Labour Market Agreements and in accordance with the *RTIPPA*.

## Signatures

I have read the above information in its entirety. I understand that all information provided by me must be accurate; and that I am responsible to immediately notify the Department, its agents and service providers of any changes. I acknowledge that this authorization is valid for the duration of the program/service/support and the monitoring associated with it, and to carry out the evaluation of the program/service/support as established by the Department of Post-Secondary Education, Training and Labour.

If you have any questions regarding how your personal information is collected or used, you may contact a WorkingNB representative at the Department of Post-Secondary Education, Training and Labour in your region. A list of all regional WorkingNB offices and their contact information can be found online at: [www.snb.ca/PETLContact](http://www.snb.ca/PETLContact)

.....  
Name of Client (*please print*)

.....  
Signature

.....  
Date

# Appendix

## Number of Training Participants

	Name of Training Participant(s)	Job Title	Potential Employees*	Existing Employees
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