

Labour Force Training Application Form

INCOMPLETE FORMS WILL BE RETURNED

PRINT CLEARLY

(Formulaire disponible en français)

1. Legal Registered Name of Business or Organization:
Street Address:
Mailing Address:
City/Town/Village:
Business Location:
Website Address (if applicable):
Main Activity of Business or Organization:

2. Business Number from Canada Revenue Agency (if applicable): _____RP_____
All employers with a payroll number MUST provide it.
For information on how to apply, please call Canada Revenue Agency at 1-800-959-5525.

3. Name of Contact Person:
Title of Contact Person:
In which official language do you prefer to receive correspondence? English French
Telephone: _____ Alternate Number: _____ Fax: _____
Email Address (if applicable):

4. Type of Business or Organization (*Only select one*): Private First Nations Non-Profit
If Private, indicate which of the following: Sole Proprietorship Partnership Incorporated

5. Indicate the total number of employees by category listed below working for your company at the time of application:

Total Description

- Year Round, Full-Time: 44 **or more** weeks per year and 30 **or more** hours per week.
- Year Round, Part-Time: 44 **or more** weeks per year and from 15 hours to **less than 30** hours per week.
- Seasonal, Full-Time: 43 weeks **or less** per year and 30 hours **or more** per week.
- Seasonal, Part-Time: 43 weeks **or less** per year and from 15 hours to **less than 30** hours per week.

6. Select one of the following which describes the training provider:
 Post-Secondary Institution Private Company Union Training Coordinator Industry Association
 Other, please specify:
Name of Program/Course:
Name of Training Provider:
Training Start Date: Training End Date:

7. Training Proposal

A **detailed curriculum from the training provider** must be attached which includes the following information:

- a) Training Provider and Contact Information;
- b) Location of Training (City, Province);
 - Classroom
 - Workplace
 - Online
- c) Name of Training Program/Course:
 - Detailed description of Program/Course including learning objectives and impact training will have on participants.
- d) Training Timeline:
 - Start Date/End Date: dd/mm/yyyy
 - Duration of Training: hours, days, weeks
- e) Costing:
 - Tuition fees or fees charged by a training provider
 - Mandatory student fees
 - Mandatory textbooks and software
 - Other required materials*
 - Examination fees
 - Total cost, include total with and without HST

*Refers to materials that the participant must have in order to successfully complete the training, as identified by the training provider.

8. Training Participant(s) Information:

	Name of Training Participant	Job Title	Location**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**For employers with multiple offices within NB, please specify in which office the employee is working.

9. Required Additional Information (if more space is required, attach a separate piece of paper)

Clearly demonstrate how the training will assist existing employees in developing the necessary skills to maintain labour market attachment. Provide as much information as possible.

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

If yes, please specify:

11. 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 working in NB on a permanent basis (Full-time/Part-time/Seasonal).
- The participant (s) is a resident of NB.
- 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:

- My signature affirms my status is in good standing with the New Brunswick Employment Standards Branch. Furthermore, any information relating to this application or my status with the Employment Standards Branch will be shared, if and when necessary, with the WorkingNB Branch of PETL in order to determine eligibility to the program. I will contact the PETL Regional Workforce Consultant if my status is not in good standing with the New Brunswick Employment Standards Branch.**
- 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 job opportunities and ensures participants develop the necessary skills to increase, improve and/or maintain labour market attachment.**
- I certify that I have read, understood, signed, and dated the attached Consent Form, and that I may keep a copy for my records.**

Signature **Date**

CLIENT CONSENT

Note: At WorkingNB, a client is defined as an employer and/or an individual. Therefore, this consent applies to both groups.

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 administrating programs and services.

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 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 programs/services;
- To contact me both during and for a period of up to seven (7) years following my participation in the program/service to monitor and evaluate my employment/training status.

I consent to receive text messages, when applicable, on my cell phone provided in the application. 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 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(s) or service(s) and the monitoring associated with it, and to carry out the evaluation of the program(s) service(s) 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 Workforce Consultant/Employment Counsellor 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:

[WorkingNB Offices | PETL Working NB](#)

Name of Client <i>(please print)</i>	Signature	Date
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Name of Parent/Guardian/Trustee/Business (if applicable) <i>(please print)</i>	Signature	Date
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Name of Department or Agency Representative <i>(please print)</i>	Signature	Date
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at

E-mail address	Telephone
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Funded by the Governments of Canada and New Brunswick through the Canada-New Brunswick Labour Market Agreements