

Application Form

(Formulaire disponible en français)

INCOMPLETE FORMS WILL BE RETURNED / PRINT CLEARLY

1. Legal Registered Name of Business or Organization:

Street Address:

Mailing Address:

City, Town, Village:

Province:

Postal Code:

Business Location:

Web Site Address (if applicable):

Main Activity of Business or Organization:

**4. Business Number from Canada Revenue Agency
(if applicable):**

RP

All employers with a payroll number **MUST** provide it.

For information on how to apply for it, please call
Canada Revenue Agency at 1-800-959-5525.

**5. Has this business/organization received any prior
funding from the Provincial Government?**

Yes No

2. Mr. Name of Contact Person:

Ms.

Title of Contact Person:

**3. In which official language do you prefer to receive
correspondence? English French**

Telephone Number:

Fax Number:

Alternate Number #1:

Alternate Number #2:

E-mail Address (if applicable):

Type of Business or Organization: **Only select one**

Private First Nations Non-Profit*

If Private, please indicate which of the following would apply:

Sole Proprietorship Partnership Incorporated

OFFICE USE ONLY

Vendor/Supplier Number

Note: Vendor/Supplier numbers are issued to organizations
that have received funding or payments from the provincial
government.

*Non-profit organizations **must** provide a letter signed by a member of the Board of Directors with signing authority. The letter **must** outline (1) how they will dedicate their financial resources towards their share of the training cost (applicant's 1/3 contribution towards eligible training costs) and (2) demonstrate that their contribution is not based solely on government and/or private funding.

6. Indicate the total number of employees for each category below 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.

7. Select one of the following which describes the training provider:

Post-Secondary Institution Private Company Union Training Coordinator Industry Association

Other If "other", please specify:

Name of Training Course:

Name of Training Provider:

Training Start Date:

Training End Date:

Amount invested in training in the past 12 months (excluding this application): \$

8. Number of Training Participants(s) If space is required to list additional job titles to attend training, attach a separate piece of paper.

Job Title (after training):

NOC
(Office only)

Number of:
Employees* Potential Employees*

Brief Description of Key Duties:

Job Title (after training):

NOC
(Office only)

Number of:
Employees* Potential Employees*

Brief Description of Key Duties:

*Number of Employees: Number of employees attending training.

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

9. Is the applicant applying on behalf of multiple businesses/organizations?

Yes How Many?

No

10. Training Proposals

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) Outcome
 - b) Objectives
 - c) Brief description of Program / Course (including skills to be obtained);
4. Upon successful completion, please provide the name of certification / qualification / assessment to be obtained;
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) Textbooks, 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.

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

Select, between the following, one that best describes the type of training linked to an available job(s) (new, existing or better).

Entry Level: Basic Training required for a participant to obtain entry level position with the employer.

Upskilling/Upgrading: Training required to advance, progress or move to a different and/or better job.

Maintenance: Training required for the participant to stay in their current job.

How do you anticipate that the training will impact the business/industry, if applicable?

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:

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 training participant(s) is residing or willing to reside in New Brunswick and willing to work in New Brunswick.
- 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 is for basic to advanced skills which are linked to an available job (new, existing or better (1)). **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 Employment and Continuous Learning Services Branch of the Department of Post-Secondary Education, Training and Labour in order to determine your eligibility to the program.

Signature

Date

^[1] A “better job” is defined as one that results in one or more of the following conditions: (a) improved skills for in-demand job; (b) a new position within the organization that requires an increase in skills level; or (c) new roles/responsibilities within a current position.

APPLICANT CONSENT FORM TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION

The Department of Post-Secondary Education, Training and Labour (the Department), its agents, and third party external service providers (service providers) are the organizations that provide employment-related programs and services.

Information (including personal, business, and financial information) provided by you for these programs and services is collected, used and disclosed by the Department, its agents and service providers under the authority of section 4(2) of the *Employment Development Act*, S.N.B. 2001, c.148 and in accordance with paragraph 37(1)(b) of the *Right to Information and Protection of Privacy Act*, S.N.B. 2009, c. R-10.6 (RTIPPA) for the purposes of administering the employment-related programs and services established under the Canada-New Brunswick Labour Market Agreements. Please see the definition of personal information in RTIPPA for more details on what is considered personal information.

Information provided by you is protected and handled in accordance with RTIPPA and the *Document and Record Management Policy*. If you have any questions or concerns regarding this consent form, the application process, the handling of your information, or the programs and/or services, please contact your Department's regional office.

All information provided by you must be accurate; please immediately inform the Department, its agents, and service providers of any changes.

Consent to Collect, Access, Use and Disclose Personal Information

I, contact person on behalf of _____ (*please print business name*), hereby consent to allow the Department, its agents, and service providers to collect, access and use information provided by me:

- to determine and verify the business' eligibility for the program(s) or service(s) for which I am applying and/or receiving on its behalf;
- to assist the business in attaining its business goals, which includes monitoring the business' progress throughout its participation in the program and/or service; and
- to contact me throughout and following the business' participation in the program and/or service, for the purpose of collecting information concerning its participation to monitor and evaluate the program(s) or service(s) for research and continuous improvement to programming.

I understand that in order to accomplish these purposes, this information may need to be shared. I hereby consent to allow the Department, its agents, and service providers to disclose the information, if and when necessary, to other branches within the Department, other New Brunswick provincial departments and agencies, the federal Department of Employment and Social Development Canada, and third party evaluators.

I acknowledge that this authorization is valid for the duration of the business' participation in the program(s) or service(s) and the monitoring associated with it, and to carry out the evaluation of the program(s) or service(s), as established by the Department.

I understand that I, or other contact person on behalf of the business, can revoke this consent in writing, at any time. In doing so, I understand that the business will no longer be able to participate in the program(s) or service(s), because of the requirements established by the Canada-New Brunswick Labour Market Agreements.

Name of Contact Person (*please print*)

Business Name (*please print*)

Signature of Contact Person

Date

Funding provided by the Government of Canada through the Canada Job Grant