



APPLICATION FOR FUNDING

WORK EXPERIENCE PEI - INDIVIDUAL

Application Received By Skills PEI
Office Use Only

Section A - Personal Information

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 Work Experience PEI program. The information collected on this application shall be used for eligibility and evaluation purposes. 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.

SOCIAL INSURANCE NUMBER		FILE NUMBER (Office use only)	
SURNAME			
GIVEN NAME		MIDDLE NAME	
ADDRESS			
COMMUNITY/CITY		PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO. () -	OTHER CONTACT TELEPHONE NO. () -	E-MAIL ADDRESS	
DATE OF BIRTH (YYYY - MM - DD)		GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	
Do you have a permanent disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Nature of the Disability: Deaf, Hard of Hearing <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other <input type="checkbox"/> Blind, Visually Impaired <input type="checkbox"/> Learning Disability <input type="checkbox"/>			
Does this permanent disability restrict your ability to participate in studies at the post-secondary level or in the labour force? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you are applying for financial consideration related to your disability, please complete and submit the Permanent Disability Medical Form or for a learning disability, submit a written diagnosis from a psychologist.			
What is your preferred Language of Service?		English <input type="checkbox"/>	French <input type="checkbox"/>
What is your preferred Language of Correspondence?		English <input type="checkbox"/>	French <input type="checkbox"/>
Are you a member of an Aboriginal Group?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify if you consider yourself to be a member of one of the following priority groups?		Immigrant <input type="checkbox"/>	Visible Minority <input type="checkbox"/>
		Youth <input type="checkbox"/>	Person with Disabilities <input type="checkbox"/>
		Women <input type="checkbox"/>	Older Worker <input type="checkbox"/>

Section B - Eligibility

Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an Employment Insurance claim that ended in the past 36 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had an Employment Insurance claim (maternity or parental) that began within the last 60 months for which benefits were paid and are you re-entering the work-force after having left it to care for a new born or adopted child(ren)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently employed? If yes, how many hours per week? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
If employed, are you requesting authorization to quit your employment to participate in this program? If yes, complete and attach the "Request for Authorization to Quit Employment" form and supporting documentation.	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 Human Resources and Skills Development Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C - Financial Assistance

If you are requesting additional financial assistance (e.g. dependant care or disability needs, transportation or other costs...) above the normal income support or wages provided by Work Experience PEI it is necessary to complete Section C. If you are not requesting additional support, please go to Section D of this application.

1. Budget Worksheet and Financial Information

a) Monthly Income:

	Self	Spouse/Other
Employment Income	\$	\$
EI Benefits	\$	\$
Income/Social Assistance	\$	\$
Alimony/Child Support	\$	\$
Self Employment	\$	\$
Pension Income	\$	\$
Disability Income	\$	\$
Worker Compensation Benefit (WCB)	\$	\$
Canada Pension Plan (CPP)	\$	\$
Child Tax Benefits	\$	\$
Severance Pay	\$	\$
Income from rental properties	\$	\$
Other	\$	\$
Total:	\$	\$

b) Monthly Expenses:

	Amount
Rent/Mortgage/Room and Board	\$
Property Taxes	\$
Utilities	\$
Telephone	\$
Clothing	\$
Food	\$
Alimony/Child Support	\$
Expenses for disability needs	\$
Total:	\$

c) Monthly Incremental Costs:

	Amount
Dependent Care	\$
Assistance for Persons with Disabilities	\$
Transportation	\$
Other Costs	\$
Total:	\$

2. 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 *Work Experience PEI* financial assistance may be garnisheed. In some instances it may be possible for you to negotiate suspension or reduction of the garnishment during *Work Experience PEI* participation. This situation should be resolved so you know whether you can participate in *Work Experience PEI*, before the final approval of your *Work Experience PEI* application.



Section D Declaration - 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.)	Name of Government Department or Agency to which the Amount in Default is Owed
\$		
\$		
\$		

Section E - Supporting Documentation

Your application will not be assessed until the following documents are attached to support your request. Please check each item that is attached to this application or that will be sent at a later date.

- Return-to-Work-Action-Plan that identified the appropriateness of this application.
- Resumé which includes the applicant’s education and work history
- Exchange of Information Form
- Documentation to support request for additional costs, if applicable.
- Complete the “Request for Authorization to Quit Employment” form and supporting documentation, if applicable.

Section F - Declaration

Declaration:

I declare that:

- (a) I have read and understood the information provided in this application package;
- (b) the information I have provided to the Department of Innovation and Advanced Learning & SkillsPEI in this application and supporting documentation, is true, accurate and complete in every respect;
- (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 of Innovation and Advanced Learning & SkillsPEI;
- (d) the information provided, with respect to amounts owing in default to the Government of PEI, 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 PEI.

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 this agreement.

I authorize:

- (a) the Government of PEI to disclose to the Minister of Innovation and Advanced Learning 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 PEI

NAME OF APPLICANT (PLEASE PRINT):

SIGNATURE OF APPLICANT: _____ DATE: _____

Official Use Only	
DATE (YYYY/MM/DD)	SIGNATURE