



APPLICATION FOR FUNDING WORK EXPERIENCE PEI PROGRAM – INDIVIDUAL

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

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. 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 – POSITION
Please complete the following information regarding the position in which you are applying
SPONSOR:
POSITION:

B – 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

C - 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 60 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made more than \$2,000 a year in 5 of the last 10 years?	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?	
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"/>

D – 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
\$		

E – SUPPORTING DOCUMENTATION
The following documentation will be required to assess your request for assistance under this program:
<input type="checkbox"/> Return to Work Action Plan <input type="checkbox"/> Consent to Disclose Personal Information Form <input type="checkbox"/> Permanent Disability Medical Form, if applicable

F - DECLARATION

I declare that:

- a) I have read and understood the information provided in this application;
- b) the information I have provided to the Department 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;
- 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.

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.

G – 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. 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.

H – SIGNATURE

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