

WORKPLACE SKILLS TRAINING

Application for Organizations

Application Received By
SkillsPEI

Please ensure all sections of the application are completed, including all supporting documentation, before submitting to SkillsPEI for assessment.

Office Use Only

A - APPLICANT INFORMATION		
LEGAL BUSINESS NAME	FILE NUMBER (OFFICE USE ONLY)	
OPERATING NAME		
PROVINCIAL CORPORATE REGISTRY NUMBER	BUSINESS NUMBER/HST NUMBER	
HST REBATE NUMBER (%)	WORKERS COMPENSATION FIRM NUMBER	
ORGANIZATION TYPE Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public <input type="checkbox"/> <input type="checkbox"/>	Is the Applicant an Educational Institution? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DATE BUSINESS ESTABLISHED (DD/MM/YYYY)	MAJOR PRODUCT/SERVICE	
NUMBER OF EMPLOYEES	PREFERRED LANGUAGE OF SERVICE English <input type="checkbox"/> French <input type="checkbox"/>	
CONTACT INFORMATION		
ADDRESS (STREET ADDRESS, PO BOX, APT.#)		
MUNICIPALITY	PROVINCE	POSTAL CODE
(AREA CODE) & PHONE NUMBER	TOLL FREE NUMBER	(AREA CODE) & FACSIMILE NUMBER
EMAIL ADDRESS		
PRIMARY CONTACT		
PRIMARY CONTACT PERSON		POSITION OF CONTACT PERSON
(AREA CODE) & PHONE NUMBER	(AREA CODE) & CELLULAR NUMBER	(AREA CODE) & FACSIMILE NUMBER
EMAIL ADDRESS		

B - ADDITIONAL INFORMATION	
Is there a labour stoppage or labour management dispute in progress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a union concurrence with this proposed subsidy (if applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this proposed request result in the displacement of existing employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As a result of this program, will the individual(s) participating in this program to be hired/retained by your/the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>

C - LEGAL SIGNING OFFICERS				
How many signatures are required to bind your organization into a legal agreement?	NUMBER			
How many signatures are required to sign a payment claim form or other report submitted to SkillsPEI?	NUMBER			
Please provide the names of the legal signing officers in the table below, indicating appropriate authorization. Also note any specific combination of signatures required.				
AGREEMENTS	CLAIMS	TITLE (PRINT)	NAME (PRINT)	SIGNATURE

D – PREVIOUS EXPERIENCE WITH GOVERNMENT
Please describe past agreements with the Government of Prince Edward Island and/or Federal Government (if applicable).

E – AMOUNTS OWING TO GOVERNMENT OF PRINCE EDWARD ISLAND		
Does the applicant owe any amounts, which are in default, to the Government of Prince Edward Island? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide details below.		
AMOUNTS OWING IN DEFAULT	NATURE OF AMOUNT OWING (TAXES, OVERPAYMENTS, ETC.)	NAME OF DEPARTMENT OR AGENCY TO WHICH AMOUNT IS OWED

F - EDUCATIONAL TRAINING

1. Are the new skills the employee (s) acquires through the training: **Circle One**
Transferable (skills can be used in another occupation or with another employer)
OR
Specific to your business / organization
2. Will the training result in a credential that is recognized nationally or provincially and the employee (s) will gain one of the following: General Equivalency Certificate (GED), a certificate program offered by a college or university or a diploma program offered by a college or university or a professional designation recognized by a national body and required in order to be a member in good standing.
- Yes No

G - EDUCATION TYPE

Only complete this section if you selected YES in section F (2) above.
Circle One

Adult Education/General Equivalency Diploma (GED)	Undergraduate Degree Program
Certificate Program – College, CEGEP, or Other Non-University	Professional Designation
Certificate University	Master’s Degree Program
Diploma Program – College, CEGEP, or Other Non-University	Doctorate Degree Program
Diploma Program –University	Red Seal/Blue Seal

H - TRAINING

Program Name:

Type of Training: (Circle One)

Upskilling or Upgrading
 Maintenance
 Entry Level

Type of Skills Learned: (Circle One)

Essential Skills
 Specialized or Technical Training
 Management and Business Skills
 Soft Skills

I - TRAINING INSTITUTION (Circle One)

Location of Training Institution: AB, BC, MB,NB, NL, NWT,NS, NU, ON, PEI, PQ, SK, YK, USA, International

Institution Name:

Intervention Language of Service (Training Program):

English Only **French Only** **Not a Federal Language**

J – TRAINING PROPOSAL

Please provide an attached document with the following information: Applications will not be assessed until **ALL** of the information below has been received

Detailed proposal **MUST** include **ALL** of the following elements:

If you are applying on behalf of another organization, list the business name(s) and location(s).

1. Training Overview:

- a. Objectives/purpose of training;
- b. Description of skills acquired;
- c. Start and end date of training;
- d. Training Activities and course outline/curriculum;
- e. Name of individual providing the training;
- f. Quote detailing all costs associated with the training.

2. Participant Details:

- a. Participant name(s);
- b. If the participant (s) is/are existing employee(s), will they continue to work while receiving the proposed training?
- c. Anticipated position of participant (s) with the business/organization at the conclusion of the proposed training.

K - BUDGET

ELIGIBLE COSTS	REQUESTED CONTRIBUTION
Tuition/Training Fees	\$
Mandatory Student Fees	\$
Textbooks, Software and/or Required Training Materials	\$
Examination Fees	\$
TOTAL COSTS	\$

SKILLSPEI REQUESTED CONTRIBUTION (50%)	APPLICANT/OTHER CONTRIBUTIONS (50%)	TOTAL PROJECT VALUE
\$	\$	\$

L – PRIVACY

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 programs administered under the *Workplace Skills Training* 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.

M – INDEMNIFICATION AND ASSUMPTION OF LIABILITY

The Applicant shall indemnify and hold harmless SkillsPEI and the Government of Prince Edward Island, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of work (herein called the "claims"), provided that any such claim is caused in whole or in part of any act, error or omission, including but not limited to those of negligence of the Applicant, or anyone directly or indirectly employed by the Applicant or anyone for whom the Applicant may be liable.

N – DECLARATION

The Applicant certifies that:

- a) the proposed project(s) will not commence until an agreement has been signed with the Government of Prince Edward Island as represented by the Department of Workforce, Advanced Learning and Population and SkillsPEI and an agreement start date has been established;
- b) the information provided above has been reviewed and understood; and
- c) the signatories to this Application have the authority to bind the applicant organization.

The Applicant declares that:

- a) the information provided to the Department of Workforce, Advanced Learning and Population and SkillsPEI in this Application and supporting documentation, is true, accurate and complete in every respect.

The Applicant acknowledges that:

- a) it may be required by the Department of Workforce, Advanced Learning and Population and SkillsPEI to provide documentation to prove the accuracy of the information contained in this Application at any time, including during the Applicant’s participation in the Program;
- b) if the information provided in this Application is false or misleading, the Applicant may be required to repay some or all of the funding that may be approved by the Department of Workforce, Advanced Learning and Population and SkillsPEI under the Program; and
- c) any amounts payable to the Applicant under the Program may be set-off against any debts owed to the Government of PEI, which are in default.

The Applicant authorizes:

- a) the Minister of Workforce, Advanced Learning and Population to disclose all information contained in this Application concerning any debts owed to the Government of PEI, which are in default, solely for the purpose of verifying the amounts and status of the debt; and
- b) the Government of PEI to disclose to the Minister of Workforce, Advanced Learning and Population all information relevant to such debts solely for the purpose of the administration of this Application for funding in connection with the Program.

O - ORGANIZATION SIGNATURES

NAME (PRINT)	POSITION	SIGNATURE	DATE (DD/ MM/YYYY)

May 2023