

INSURED PARTICIPANT FINANCIAL ASSISTANCE AND REFERRAL TO SKILLS DEVELOPMENT (APPRENTICES)

The purposes of this form are:

1. to document your request for financial assistance from Employment Nova Scotia (ENS) under the Skills Development Employment Benefit to enable you to participate in the course or program of instruction or training or other employment activity ("employment activity") described in your Return to Work Action Plan ("Action Plan");
2. to set out the amounts of financial assistance that Employment Nova Scotia has agreed to provide during the period shown below, hereinafter referred to as the "Period of Assistance", subject to the terms and conditions set out on the reverse side of this form;
3. if, at the start of your participation in the employment activity you are a claimant and are qualified to receive insurance benefits ("EI benefits") under Part 1 of the Employment Insurance Act ("EI Act"), to document your referral to the employment activity by Employment Nova Scotia (or by an authority designated by Employment Nova Scotia) for the purpose of entitling you to receive EI benefits for each week during your EI benefit period that you are participating in the employment activity; and
4. to document your agreement to be referred to the employment activity.

OFFICIAL USE	NAME OF INSTITUTION		
START DATE yy-mm-dd	END DATE yy-mm-dd	IF AMENDMENT EFFECTIVE DATE yy-mm-dd	REASON CODE

PART A- PARTICIPANT INFORMATION

SURNAME		GIVEN NAME AND INITIALS		SOCIAL INSURANCE NUMBER	
ORDINARY RESIDENCE ADDRESS			TEMPORARY RESIDENCE- ADDRESS		
ADDRESS (CONTINUED)			ADDRESS (CONTINUED)		
PROVINCE	POSTAL CODE	TELEPHONE NUMBER	PROVINCE	POSTAL CODE	TELEPHONE NUMBER

PART B- FINANCIAL ASSISTANCE

For Office Use Only

ASSISTANCE FOR LIVING EXPENSES	ON CLAIM			NOT ON CLAIM		
	EI BENEFITS (PART 1)	+	ADDITIONAL ASSISTANCE (PART 2)	TOTAL =	ASSISTANCE (PART 2 ONLY)	EFFECTIVE DATE yy-mm-dd
				1	2	
ASSISTANCE FOR DEPENDANT CARE				3		
ASSISTANCE FOR PERSONS WITH DISABILITIES				4		
ASSISTANCE FOR TRANSPORTATION AND OTHER PERSONAL SUPPORTS				5		
TOTAL WEEKLY ASSISTANCE WHILE ON CLAIM (ADD BOXES 1,3,4,5)					TOTAL WEEKLY ASSISTANCE WHILE NOT ON CLAIM (ADD BOXES 2,3,4,5)	

Other payments will be made as set out below: (Provide details of costs/ list of items/ names of dependants and relationship with client etc. on a separate sheet.

ASSISTANCE FOR:	DEPENDANT CARE	ASSISTANCE FOR PERSONS WITH DISABILITIES	TUITION FEES	TRANSPORTATION AND OTHER PERSONAL SUPPORTS	TOTAL	EFFECTIVE DATE YY MM DD
1 ST PAYMENT						
2 ND PAYMENT						

PARTICIPANT'S SIGNATURE		DATE
For the purposes of Section 25 of the Employment Insurance Act, the participant is hereby referred to the course of program of instruction or training or other employment activity.	SIGNATURE FOR EMPLOYMENT NOVA SCOTIA	DATE
	SIGNATURE FOR AN AUTHORITY DESIGNATED BY EMPLOYMENT NOVA SCOTIA	DATE

GENERAL INFORMATION AND TERMS AND CONDITIONS FOR THE PROVISION OF FINANCIAL ASSISTANCE AND REFERRAL TO SKILLS DEVELOPMENT

GENERAL INFORMATION

Financial Assistance

Under the EI Act, a number of Employment Benefits (programs) have been established to enable insured participants to obtain employment. Under these Employment Benefits financial assistance may be provided to support various types of employment activities. Included in the range of financial assistance that may be provided in support of each employment benefit is direct financial assistance to the insured participants who are participating in an employment activity. This direct assistance may cover part or all of your living expenses and other costs such as dependent care, disability needs, tuition fees for courses or programs of instruction or training, and transportation and accommodation. When assistance is negotiated for these incremental costs, each category of the financial assistance is calculated separately and the appropriate amount entered on the reverse.

If you do not qualify for EI benefits, or if your EI benefits terminate during the period of your participation in the employment activity described in your Return to Work Action Plan, you may receive other financial assistance from the Commission under one of its Employment Benefits if you can demonstrate that you would be unable to continue your participation without that assistance.

Employment Nova Scotia contribution to training costs

Employment Nova Scotia will make contributions in the appropriate amounts shown in boxes 1 to 5 towards the weekly basic living costs and, if applicable, the weekly dependent care costs, weekly disability costs and weekly transportation costs incurred by the participant during the Assistance period while attending the course.

If you are eligible to receive insurance benefits, you must be referred under Section 25 of the EI Act.

The amount that you will receive will be based on a weekly rate for the duration of your financial assistance and paid in installments every two weeks.

EI claimants please note: If you are entitled to receive EI benefits for any week during your Period of Assistance, the weekly rate of the EI benefits has been taken into account, in determining the weekly amount of financial assistance that will be paid to you in respect of your living expenses for those weeks. For information purposes, the amount of your weekly rate of EI benefit is shown in addition to the weekly amount of financial assistance that is being provided to you under the Employment Benefit while you are on claim. For weeks that you are not in receipt of EI benefits, the weekly amount of financial assistance you will receive under the Employment Benefit for your living expenses will be adjusted and is shown in Box 2.

(Provide details of costs/lists of items/names of dependents and relationship with client, etc. on a separate sheet).

Section 25 referral

Under Section 25 of the EI Act, a claimant is unemployed, capable of and available for work and therefore eligible to receive EI benefits when the claimant is participating in any other employment activity for which assistance has been provided for the claimant under prescribed employment benefits to which Employment Nova Scotia, or an authority designated by Employment Nova Scotia, has referred the claimant.

Under the provisions of Section 25, you will maintain your eligibility to receive EI benefits while you carry out your Return to Work Action Plan activity, but only to the end of your entitled EI benefit period. If your entitlement to EI benefits is not expired at the end of your Return to Work Action Plan, you may continue to receive such EI benefits under the same conditions that prevailed before you were referred under Section 25. If your entitlement to EI benefits expires during your Return to Work Action Plan, you may qualify for financial assistance until the end of the activity you are carrying out as part of your Return to Work Action Plan. Please refer to the section "Terms and conditions" for further information as you may lose your entitlement to receive your EI benefits if you fail to meet the conditions of your referral under Section 25.

Income Tax

Financial assistance under EI is subject to income tax.

Access to Information

Information on this form is collected under the authority of the Employment Insurance Act, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. Under the provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of and access to their personal information. To obtain access to, or to request correction of your personal information collected and used by NS Labour & Advanced Education please contact the Department's Information Access & Privacy Manager by email LAEaccess@gov.ns.ca or phone (902) 424-8472. The personal information collected will only be used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement.

TERMS AND CONDITIONS

The provision of any financial assistance that may be granted to you pursuant to your request or other employment benefit under Section 25 of the EI Act are subject to the terms and conditions set out below.

1. You must carry out the employment activity described in your Return to Work Action Plan in accordance with the Plan. If you agree to participate, but do not, your financial assistance will be terminated and you may be required to repay some or all of the financial assistance you have received. If you wish to withdraw from your Return to Work Action Plan activity before it is completed, under the EI Act, Employment Nova Scotia may impose penalties on you if you obtain financial assistance based on an application or request for assistance in which you make a false declaration or if, without good cause, you fail to participate in or carry out the activity for which this assistance was provided, or if you are expelled from the activity.
2. Information about your need or eligibility for financial assistance must be accurate. Under the EI Act, Employment Nova Scotia may impose penalties on you if you receive financial assistance based on an application or request for assistance in which you knowingly make a false or misleading statement.

3. You must disclose whether you have any current indebtedness to Labour and Advanced Education as the result of an overpayment on EI benefits or unpaid penalty and if so, provide details of the nature and amount of the indebtedness.
4. If the activity for which financial assistance is requested extends beyond the current fiscal year, further funding will depend on the availability of funds in the next fiscal year.
5. You must notify your Employment Nova Scotia counselor or your service provider of any changes to earnings, relevant addresses or living circumstances that could affect the amount of your financial assistance during the Return to Work Action Plan activity. Employment Nova Scotia has the right to reduce your funding if these circumstances change. You cannot be paid if your activity is cancelled, postponed or suspended. This could also affect your insurance benefits.
6. For purposes of providing financial assistance, “immediate family” means father, mother, step-father, step-mother, foster parent, brother, sister, spouse (including common law spouse), child (including child of common law spouse), step-child, ward, father-in-law, mother-in-law, or relative permanently residing with the participant.
7. Receipts or proof of expenses must be kept and made available at Employment Nova Scotia’s request for any item that is included in the following categories of expenses on the reverse: dependent care, assistance for persons with disabilities, transportation and other personal support and tuition fees.
 1. If you are not on claim when you begin your intervention, but your status subsequently changes and you are on claim in respect of any week during your Assistance Period for which you had already received a weekly contribution towards your basic living expenses under Section 2, you shall repay immediately to Employment Nova Scotia an amount equal to the lesser of
 - i. any contribution towards your basic weekly living expenses received by you for that week, or
 - ii. the unemployment benefits paid for that week
 2. With respect to any other week during the Assistance Period that you are on claim in the circumstances referred to in subsection (1) for which you are eligible to receive a contribution towards your basic living expenses, Employment Nova Scotia may deduct from any subsequent contribution payable towards your basic living expenses an amount equal to the amount referred to in subsection (1).

If you are eligible to receive insurance benefits and you agree to be referred under Section 25 of the EI Act, the provisions of the EI Act stipulate that you may be disqualified from receiving EI benefits if a) Employment Nova Scotia or an authority that Employment Nova Scotia designates has, with your agreement, referred you to any other employment activity for which assistance has been provided under employment benefits; and b) Employment Nova Scotia has terminated the referral because (i) without good cause, you have not attended or participated in the program or employment activity, or (ii) without good cause you have withdrawn from the program or employment activity, or (iii) the organization providing the course, program or employment activity has expelled you from it.

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3. You must disclose whether you have any current indebtedness to Labour and Advanced Education as the result of an overpayment on EI benefits or unpaid penalty and if so, provide details of the nature and amount of the indebtedness.
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6. For purposes of providing financial assistance, “immediate family” means father, mother, step-father, step-mother, foster parent, brother, sister, spouse (including common law spouse), child (including child of common law spouse), step-child, ward, father-in-law, mother-in-law, or relative permanently residing with the participant.
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Apprentice Financial Assistance Request Form

PLEASE COMPLETE, SIGN & RETURN to the Employment Nova Scotia (ENS) office closest to your home AS SOON AS you receive confirmation of your Apprenticeship training from the Province of Nova Scotia.

If you are applying for Employment Insurance (EI) benefits or are currently receiving EI benefits, you may be eligible for additional financial assistance. To determine eligibility for this assistance, please complete the questions below. Documentary proof may be requested. You must meet the EI eligibility criteria to be considered for additional assistance. **THIS APPLICATION MUST BE MAILED OR DROPPED OFF TO THE ENS OFFICE CLOSEST TO YOUR HOME IN ORDER TO BE CONSIDERED FOR ADDITIONAL FINANCIAL ASSISTANCE.**

Social Insurance Number	Surname	Given Name	Initial
Course Name	Course Level	Course Start Date	Course End Date
Training Institution		Location	

Will you be attending all weeks of this block of training? Yes ___ No ___ If no, please specify the dates you will be attending:

From	To	From	To	From	To
------	----	------	----	------	----

Ordinary Place of Residence

Street Address	City	Prov	Postal Code	Telephone
----------------	------	------	-------------	-----------

Address to which cheque should be mailed –if different from place of residence

Street Address	City	Prov	Postal Code	Telephone
----------------	------	------	-------------	-----------

Temporary address – if applicable

Street Address	City	Prov	Postal Code	Telephone
----------------	------	------	-------------	-----------

Preferred contact information while attending training

Telephone	Cell Phone	E-Mail
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If you require financial assistance, in addition to Employment Insurance and Employer contributions, in order to attend your Apprenticeship training, please **answer** the following questions in Section A, B, C, and D if applicable, and sign, date and return to your local ENS Office

Section A: Other monies

1. Will your employer be paying any salary to you while you are attending your apprenticeship training? ___ Yes ___ No

Please specify weekly gross amount \$ _____

2. Will your employer be contributing to any other costs associated with your training? ___ Yes ___ No

If yes, please specify _____

Section B: Accommodations

1. Will you be paying for a residence at or near the training centre in addition to paying for your usual place of residence? _____ Yes _____ No

Please specify additional weekly rental costs: \$ _____ per week (receipts may be required)

* If yes, you **MUST** complete the temporary residence blocks above.

Section C: Travel

1. Will you be commuting DAILY more than 30 kilometres (one way) to the training institution?

Yes, I will be traveling _____ kms per day one way _____ No

2. How many kilometres is your home residence from the training institution? _____ kms one way

Section D: Dependent Care

If you are requesting support for ADDITIONAL costs for dependent care, you will require a financial assessment and will be contacted by an Employment Officer. Please complete this section if you are requesting assistance.

Are you a single parent? _____ Yes _____ No

If no, is your spouse/partner employed? _____ Yes _____ No

Do your children/dependents reside with you? _____ Yes _____ No

Please specify the weekly costs that are IN ADDITION to your current dependent costs

\$ _____ (receipts may be required)

List below the children/dependents that reside with you that require daycare/dependent care. You must provide age, number of hours in care (eligible dependents include mentally or physically disabled dependents and/or children under the age of 14 years of age)

Dependents		Number of ADDITIONAL hours of care that is required while training						
Name	Age	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

I certify that the information given is true, correct and complete in every aspect and I understand it is subject to verification by Employment Nova Scotia or its representative. I undertake to report to Employment Nova Scotia as soon as possible any changes in the above information and I am aware legal action can be taken for making false statements or failing to inform Employment Nova Scotia of changes to the information.

Signature _____ **Date:** _____ Month/Day/Year