

## APPLICATION FOR FINANCIAL ASSISTANCE UNDER THE SKILLS DEVELOPMENT EMPLOYMENT BENEFIT

### Objective:

The objective of the Skills Development (SD) Employment Benefit is to help unemployed individuals who do not have the required skills, obtain skills for employment.

### Eligibility:

To be eligible for assistance under the SD Employment Benefit an applicant must meet the definition of an “insured participant” under the Employment Insurance (EI) Act (the “Act”).

An “insured participant” is defined in the Act as a person who requests assistance under an employment benefit and, when requesting that assistance, is an unemployed person

- (a) For whom a benefit period is established under the Act or whose benefit period has ended within the previous 36 months; or
- (b) For whom a benefit period has been established in the previous 60 months and who
  - i. Was paid special benefits under section 22 (maternity) or 23 (parental) during the benefit period,
  - ii. Subsequently withdrew from active participation in the labour force to care for one or more of their new-born children or one or more children placed with them for the purpose of adoption, and
  - iii. Is seeking to re-enter the labour force.

You must use this application form to make your request for assistance under the SD Employment Benefit. The date your completed application is received by the Department of Labour & Advanced Education (LAE) Employment Nova Scotia (ENS) division is when you are considered to have requested assistance for the purpose of determining whether you qualify.

Persons who have a job and are contemplating quitting it in order to attend a course of training should not do so without consulting ENS beforehand. While a criterion for eligibility is that you must be unemployed, quitting a job to take a training course may not be considered justified from the perspective of the Employment Insurance Commission and may adversely affect consideration of your application.

As financial assistance under the SD Employment Benefit is funded through the Employment Insurance account, authorized by EI legislation and the Canada Nova Scotia Labour Market Development Agreement (LMDA), an insured participant must also be an unemployed worker, not a full-time student.

Regional targeting may apply.

### General Information:

Before ENS can assess an application, it will be necessary for the applicant to receive an employment assessment and develop a Return to Work Action Plan (RTWAP) with a case manager. Please contact your local ENS or Service Canada office for information on where you can receive this service.

An application for funding under the SD Employment Benefit must be approved by ENS in advance of the applicant commencing training.

It is important to note that any costs incurred prior to receiving approval from ENS are not eligible for reimbursement.

### Income Tax:

Financial assistance paid to insured participants is included as income for tax purposes. Tax will be deducted at source from financial assistance payable to insured participants with the exception of dependent care costs and tuition including tuition for Adult Basic Education which is no longer subject to tax. In most cases you will be able to claim the tuition tax credit for tuition that you pay in order to take a course. However, you will not be able to do so if the training institution you attend is not eligible to issue tuition receipts for purposes of the tuition tax credit. You should check with any potential training institutions to make sure it is eligible to issue these receipts (T2202). If the institution is not eligible, you should know that you will not be able to reduce the income tax you have to pay on the money you receive for tuition costs by means of the tuition tax credit. Education tax credits are now available to individuals who receive federal assistance to attend school.

### Privacy and 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.

## APPLICATION FOR SKILLS DEVELOPMENT

### Section A – Identification Information

S.I.N.:		
Surname:	Given Name:	
Street Address: _____		
City: _____ Province: _____ Postal Code: _____		
Mailing Address (if different from Street Address): _____		
City: _____ Province: _____ Postal Code: _____		
E-mail Address:	Telephone Number:	Other Contact Number:
Date of Birth: (DD/MM/YY)	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Do you consider yourself to be a member of a designated group? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Aboriginal <input type="checkbox"/>	Person with disability <input type="checkbox"/>	
Visible minority <input type="checkbox"/>	Women <input type="checkbox"/>	
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:		
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"/>	In what language do you prefer to receive training? English <input type="checkbox"/> French <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 past 60 months, and are you now re-entering the work force after having left it to care for a new born or adopted child? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Section C: Education**

Highest grade completed:	Year completed:	Province/Country:		
Degrees, Trade Licenses, Diplomas or Certificates obtained – please specify:				
<b>List all other training and/or courses you have attended, included those funded by Service Canada:</b>				
Name of Course	Name of Institution	Year	Completed	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>List any previous participation in Service Canada funded programs and the outcome of your participation</b>				
Program	Year	Completed		Outcome
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently attending school?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, full time or part time?  Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Were you attending school full time during the last academic year?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you intend to return to school in the upcoming academic year/semester?  Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you left school to join the work force on a permanent basis?      Yes <input type="checkbox"/> No <input type="checkbox"/>  Please explain:				

**Section D: Work History**

Are you currently employed?      Yes       Hours per week: \_\_\_\_\_      No

If yes, are you requesting authorization to quit your employment to attend training?      Yes       No

**List your last three jobs starting with the most recent/current:**

Job Title	# of hours worked per week	Company Name	Start Date of Employment	End Date of Employment	Reason for leaving

What do you believe is preventing you from obtaining employment utilizing your existing skills and work experience?

What have you done to find work? Please describe your job search efforts including information on the length of time you have been looking for work, the number of contacts and interviews you have made and the results:

**Section E: Occupational Goal and Research**

What is your occupational/career goal?

Do you have any experience/background in this field?      Yes       No

Please explain:

What options, in addition to institutional training, have you considered in order to achieve your goal?

Why do you feel that this training is the best option to achieve your goal?

Have you researched the labour market in relation to employment opportunities in the field in which you wish to pursue skills training? Please explain:

## Section F: Course Information

What is the name of the course you wish to attend? Course Name: \_\_\_\_\_

Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

Do you require further assistance under the Skills Development Benefit for other training courses? Yes  No   
Please provide details:

• Course Name: \_\_\_\_\_

Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

• Course Name: \_\_\_\_\_

Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

• Course Name: \_\_\_\_\_

Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

What is the name and location of the training institution you wish to attend?

If you have been accepted by the training institution you must provide ENS with a copy of a letter of acceptance from the training institution which is required to contain the following:

- The start and end date of training
- The course name
- The breakdown of costs
- The tuition payment schedule
- The number of hours of training per week
- The scheduled breaks in training, if applicable.

Have you compared the course content/costs/graduates success in finding jobs for this training with similar courses at other training institutions? Yes  No

Explain the results of your search:

## Section G – Financial Information

Note – The following information is to be completed if you are requesting financial assistance under the Skills Development Employment Benefit. The amount of financial assistance that you may receive while participating in Skills Development will be based on your family size and your family income.

**IF YOU ARE NOT REQUESTING FINANCIAL ASSISTANCE (OVER AND ABOVE YOUR EMPLOYMENT INSURANCE BENEFITS), PLEASE PROCEED TO SECTION H OF THE APPLICATION.**

### Statement of Family Size

This information will be used in assessing your request for financial assistance under Skills Development. Information provided should reflect your family size at the time you start your training.

**Definition of Spouse:** For the purposes of completing this application, a spouse is any person

- with whom you reside and to whom you are legally married, or
- who is cohabiting with you in a conjugal relationship (i.e., as a couple).

**Definition of Dependents:** Dependents include all sons and daughters who are unmarried and are

- under the age of 16, or
  - under the age of 25 and a full time student, or
  - elderly or disabled dependents who are not in receipt of any income (pension or other),
- AND** who
- live with you, or
  - are away attending school but are financially supported by you (evidence required), or
  - for whom you or your spouse pay child support (evidence required).

*Based on the definitions above, please list family members (besides yourself) to be included in family size for completion of your Skills Development application (to maximum of four).*

Name	Relationship	Living with you? (Y or N)	Full time student? (children) (Y or N)	Date of birth (children)

Based on the definitions above, what is your total family size if greater than 5 \_\_\_\_\_ NA \_\_\_

Are you single with no dependents and living at home with your parent(s)? YES  NO

### FAMILY ORDER AGREEMENTS (FOA)

Do you currently have either:

- an order or judgment for maintenance, alimony or family financial support against you, or
- 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 Enforcements Act?

Yes  No

If yes, please describe the particulars of this situation.

**Very important information:** If you have a garnishee summons, it is important to contact the Maintenance Enforcement Program (MEP) at the Nova Scotia Department of Justice to determine whether (and how much) of your SD financial assistance may be garnisheed. In some instances, it may be possible for you to negotiate suspension or reduction of the garnishment during SD participation. This situation should be resolved so that you know whether you can afford to participate in SD, before final approval of your SD application.

## Statement of Gross Family Income

This section will help you determine your total gross (before deductions) monthly family income. This information will be used in assessing your request for financial assistance under Skills Development.

*Gross income from all sources as paid to you and your spouse (see definition on previous page) must be reported below.*

Source	Weekly Amount	Calculation (converts to monthly)	Total (gross) monthly amount	Office Use
Gross weekly employment income of your spouse (if in ongoing employment) at the time you start training		X 4.3		
Average monthly income of spouse if a seasonal worker or casually employed (See guidance below)		Box 1		
Gross weekly Employment Insurance Benefits paid to your spouse at the time you start training (Not required if EI income included with seasonal income on previous line)		X 4.3		
Your gross annual earnings from seasonal employment to which you will return (as reported on previous year's income tax claim)	<b>Gross Annual</b>	/ 12 divided by 12 months		
Your gross weekly earnings from employment while you are in training		X 4.3		
Average weekly earnings from self-employment (net before taxes) (applicant and spouse)		X 4.3		
Alimony received by you and/or your spouse				
Child support received by you and/or your spouse				
Pension Income of you and/or your spouse (e.g. Employer Plan, Canada Pension Plan). (Do not include withdrawal from savings such as RRSPs)				
Disability Income of you and/or your spouse				
Workers Compensation Benefit paid to you and/or your spouse				
Income (net before taxes) to you and/or your spouse from rental properties (including rent paid by family members living at home)				
Child Tax Benefit (Federal/Provincial)				
Universal Child Care Benefit				
Other Income of you and/or your spouse not identified above				
<b>TOTAL FAMILY GROSS MONTHLY INCOME (excluding applicant's EI)</b>	<b>box A</b>			
<b>TOTAL FAMILY GROSS ANNUAL INCOME (box A X 12)</b>	<b>box B</b>			

### Guidance re: reporting spousal income from seasonal or casual employment (Box 1 above)

If your spouse is regularly employed in seasonal employment, the monthly amount entered in Box 1 above should normally be a monthly average based on gross annual income from employment and EI as reported on your spouse's tax return last year.

If your spouse is employed in irregular casual work, enter in Box 1 the average gross monthly earnings over the past year or since your spouse began the employment whichever is more recent.

### Complete the following section if you are, or will be, in receipt of Employment Insurance benefits.

Gross (before deductions) <u>weekly</u> Employment Insurance	<b>box C</b>		
Date that your Employment Insurance benefits will end	<b>box D</b>		

### Applicant and spousal attestation of statements concerning income and family size

I certify that the information stated above is true, accurate and complete in every respect.

Name of applicant: _____	Name of spouse: _____
Signature: _____	Signature: _____
Date (DD/MM/YYYY): _____	Date (DD/MM/YYYY): _____

In exceptional circumstances, when spousal attestation is unobtainable, you may be permitted to provide evidence of family income.

### Statement of Costs related to Training

Important: Full descriptions of the costs that you may include on each cost line can be found below this table. Evidence of these costs is required. Costs should be for the current school year only (if a multi-year course).

Description				Total	Office Use
Total Tuition	Box E		Official Use Total Eligible Tuition Costs		
Eligible Other Instructional Costs					
Eligible Dependent Care Costs (if applicable)				Weekly Amount	
Eligible Dependent Care Costs (if applicable)				Total of Lump Sum Amounts	
Eligible Accommodation Costs (if applicable)				Weekly Amount	
Eligible Accommodation Costs (if applicable)				Total of Lump Sum Amounts	
Eligible Disability Costs (if applicable)				Lump Sum	
Daily Transportation Costs	Estimated # of km. if driving		Weekly Amount		
Daily Transportation Costs	Estimated # of km. if driving		Total of Lump Sum Amounts		
Travel Costs (when living away from home)	Estimated # of km. if driving		Total of Lump Sum Amounts		

**Eligible Tuition Costs** may include the total of all course costs listed immediately below.

- Tuition
- training completion fund

A deposit made on tuition prior to approval for SD cannot be included in "Total Tuition"

**Eligible Other Instructional Costs** may include costs or fees required by the training institution, excluding tuition fees, which are considered essential for participation in your selected training program and can include:

- student fees
- course-related books, supplies and software
- examination fees
- mandatory membership or seminar fees that are specifically related to your academic program

Computers and other capital cost items or fees for licensing, medicals and driver abstracts which are considered as requirements for employment are not included in eligible other instructional costs.

**Eligible Dependent Care Costs** may include costs that will be incurred for the care of a child or other person who is dependent upon you for care while you are attending training. A dependent must reside with you or be under your care; be wholly or partially dependent on you for support and either be mentally or physically disabled, or be a child under 14 years of age. Normally dependent care costs will be a regular weekly amount. However, in some cases (such as care of school age children during Christmas or March break) you may require one lump sum amount to cover dependent care.

**Eligible Accommodation Costs** - Accommodation costs may be incurred when you take part in a training program that requires you to live away from home and when you must maintain both a primary and a secondary place of residence. Depending on your living arrangements, these costs may be weekly or paid through lump sums (such as monthly).

**Eligible Disability Costs** may include the cost of a special device, aid or assistance that you will require to participate in the selected training. All other avenues of funding these supports should be exhausted prior to consideration by ENS.

**Transportation Costs** may include costs incurred daily to get to and from the training institution. These include mileage costs (at a rate to be determined by Employment Nova Scotia).

**Travel Costs** are costs incurred when you are moving away from home to go to training. Lump sum costs of traveling to the location where the training is given and returning home at the end of the training can be included.

All costs may include related Federal and/or Provincial taxes.

**Section H - Supporting Documentation:**

The following documents **must** be attached to support your request for financial assistance and referral to training. Please ensure that each item described below is included as part of this application.

- A copy of the letter of acceptance from the training institution outlining the required information as indicated in Section F
- Return to Work Action Plan Summary (and supporting documents) that identifies any employment barriers and the appropriateness of training as the intervention to address this barrier
- Documentation supporting your request for additional costs outlined in Section G above
- Completed EMP 5342 “Request for Authorization to Quit Employment” and any supporting documentation, if applicable

**Attestation:**

I declare that:

- I have read and understood the information provided in this application package.
- The information I have provided to Employment Nova Scotia in this application and supporting documentation is true, accurate and complete in every respect;
- 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 Employment Nova Scotia; and
- I have been informed that 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.

Name of Applicant	Signature of Applicant	Date (DD/MM/YYYY)

**Statement from Case Manager:**

I, \_\_\_\_\_, (name), working for \_\_\_\_\_

(name of organization), have completed an assessment of this client’s employment situation and  agree or  disagree that the training applied for is the most appropriate to assist the client in obtaining employment for the following reasons:

Signature	Date	Telephone Number
Application received by Employment Nova Scotia on (date) (DD/MM/YYYY):		