

Apprentice – Financial Assistance Request Form

PLEASE COMPLETE, SIGN & RETURN to the Human Resource Centre of Canada (HRCC) 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, DROPPED OFF OR FAXED TO THE HRCC 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
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Ordinary place of residence

Street Address	City	Prov.	Postal Code	Telephone
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Address to which cheque should be mailed –if different from place of residence

Street Address	City	Prov.	Postal Code
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Temporary address – if applicable

Street Address	City	Prov.	Postal Code	Telephone
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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 HRCC.

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

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

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

Section C: Travel

1. Will you be commuting DAILY more than 24 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 the Commission or its representative. I undertake to report to the Commission 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 the Commission of changes to the information.

Signature _____

Date: _____
Month/Day/Year

Official Use

July 2005