



APPLICATION FOR FINANCIAL ASSISTANCE UNDER THE SKILLS DEVELOPMENT EMPLOYMENT BENEFIT (SDEB)

INFORMATION SHEET

Objective:

The objective of the Skills Development 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 Skills Development 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 Skills Development Employment Benefit. The date your completed application is received by Human Resources and Skills Development Canada (HRSDC) 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 the Commission 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 Commission and may adversely affect consideration of your application.

As financial assistance under the Skills Development Employment Benefit is funded through the Employment Insurance account and authorized by EI legislation, an insured participant must also be an unemployed worker, not a full-time student.

Regional targeting criteria may also apply.

General Information:

Before the Commission 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 Human Resource Centre of Canada (HRCC) for information on where you can receive this service.

An application for funding under the Skills Development Employment Benefit must be approved by Human Resources and Skills Development Canada in advance of the applicant commencing training.

It is important to note that any costs incurred prior to receiving approval from HRSDC 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 dependant 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 is to be used for the administration of the employment benefit to which you have applied. Completion is voluntary; however, failure to complete this form will result in you not being considered for the employment benefit. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the *Income Tax Act* and/or the *Family Orders and Agreements Enforcement Assistance Act*. The information will also be shared with Social Development Canada to administer the *Employment Insurance Act*. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of Human Resources and Skills Development Canada may be linked. Your personal information is administered in accordance with the *Employment Insurance Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. It will be retained in Personal Information Bank(s) HRSDC PPU 293. Instructions for obtaining this information are outlined in the government publication, entitled Info Source, a copy of which is located at all Human Resources Centres. Info Source is also available at the following Web site address, <http://infosource.gc.ca>.

APPLICATION

Section A - Identification Information:

1. S.I.N.: _____
2. Surname: _____ Given Name: _____
3. Street Address: _____
- City: _____ Postal Code: _____
4. Mailing Address: _____
- City: _____ Postal Code: _____
- E-Mail Address: _____
- Telephone Number: _____
- Other Contact Number: _____
5. Date of Birth: (YY/MM/DD) _____
6. Gender: Female Male
7. Do you consider yourself to be a member of a designated group? Yes No
- Aboriginal
- Visible minority
- Persons with disabilities
- Women
8. Are you a Canadian Citizen? Yes No Permanent Resident? Yes No
- Other: _____
9. What is your preferred Language of Service? English French
10. What is your preferred Language of Correspondence? English French
11. In which official language do you prefer to receive training? English French

Section B - Eligibility:

1. Have you applied for or are you currently in receipt of Employment Insurance?
Yes No
2. Have you had an Employment Insurance claim that ended in past 36 months?
Yes No
3. 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 No

Section C - Education:

1. Highest Grade Completed : _____

2. Year Completed : _____

3. Province/Country : _____

4. Degrees, Trade Licences, Diplomas or Certificates Obtained - please specify:

5. List all other training and/or courses you have attended, including those funded by HRSDC (formerly HRDC):

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"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6. List any previous participation in HRSDC (formerly HRDC) funded programs and the outcome of your participation:

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"/>	

7. Are you currently attending school? Yes No

If yes, Full-time or Part-time? Full-time Part-time

8. Were you attending school full-time during the last academic year?

Yes No

9. Do you intend to return to school in the upcoming academic year/semester?

Yes No

10. Have you left school to join the work force on a permanent basis?

Yes No

Please explain:

Section D - Work History:

1. Are you currently employed? Yes hours per week _____ No

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

If yes, complete and attach an EMP 5342 "Request for Authorization to Quit Employment" and any supporting documentation.

2. 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

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

4. 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:

1. What is your occupational/career goal?

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

Please explain:

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

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

5. 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:

1. i) What is the name of the course you wish to attend?

Course name: _____

Course Start Date: _____ Course End Date: _____

- ii) Do you require further assistance under the Skills Development Employment Benefit for other training courses?

Yes No

Please provide details:

a) Course name: _____

Course Start Date: _____ Course End Date: _____

b) Course name: _____

Course Start Date: _____ Course End Date: _____

c) Course name: _____

Course Start Date: _____ Course End Date: _____

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

3. If you have been accepted by the training institution you must provide the Commission 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;

In Ontario and British Columbia, the letter of acceptance must also provide confirmation that the institution is registered, not required to be registered or exempt (not applicable to public institutions).

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

4. 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 research:

Section G - Budget Worksheet and Financial Information:

Note: The following section is to be completed by all applicants who will be requesting financial assistance under the Skills Development Employment Benefit.

CLIENTS NOT REQUESTING FINANCIAL ASSISTANCE IN ADDITION TO THEIR EMPLOYMENT INSURANCE BENEFITS PLEASE PROCEED TO SECTION H OF THE APPLICATION.

Budget Worksheet

Section 1 - Monthly Net Income (Household)	Self	Other
Employment Income		
EI Benefits		
Income/Social Assistance		
Alimony/Child Support		
Self Employment		
Pension Income (e.g. Employer Plan)		
Disability Income		
Worker Compensation Benefit (WCB)		
Canada Pension Plan (CPP)		
Child Tax Benefits		
Income from rental properties		
Severance Pay		
Any Other Sources of Income not listed above		
TOTAL:		

Section 2 - Other Anticipated Sources of Funding	Amount
Student Loans	
Savings	
Scholarship/Bursary	
Investment Income	
Family/Parent/Guardian	
Any other sources of Income not listed above	
TOTAL:	

The purpose of Section 3 of this budget worksheet is to assist you in determining if you can afford to take training at this time. HRSDC may provide financial assistance towards the costs listed under the Basic Living Expenses and Other Incremental Costs categories:

Section 3 - Monthly Expenses	Amount
Basic Living Expenses:	
• Rent/Mortgage/Room and Board	
• Food	
• Utilities	
• Telephone (basic line costs)	
Other Incremental Costs:	
• Other Personal Supports and Transportation	
• Dependant Care	
• Disability Needs	
Other Costs: (these are costs that HRSDC does not contribute towards but which you need to consider when determining if you are in a financial position to attend training at this time)	
• Vehicle lease / loan	
• Property taxes	
• Insurance (car, life, home)	
• Credit card debt / loan payments	
• RRSP / RESP Contribution	
• Cable / satellite / internet	
• Alimony / child support	
• Recreation / entertainment	
• Miscellaneous Costs (please specify)	
TOTAL:	

Please list any dependents residing in your household.

Name	Relationship	Date of Birth

FAMILY ORDER AGREEMENTS

Do you currently have either

- i) an order or judgment for maintenance, alimony or family financial support against you, or
- ii) 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 Enforcement Assistance Act.

Yes No

Please describe the particulars of this situation:

Note: If your application for financial assistance is ultimately approved, and payments are issued, the failure to have disclosed the existence of an order or judgment for maintenance, alimony or family financial maintenance may result in an overpayment being established.

FUNDING REQUESTED FOR TRAINING

Section 4 - Costs Associated with Training	Total Estimated Training Costs	Amount of Funding Requested from HRSDC	Amount of Client Contribution to Training Costs
Weekly Basic Living Costs			
Tuition			
Other Instructional Costs (such as books)			
Dependant Care			
Disability Needs			
Transportation			
Other Personal Supports (such as safety equipment, footwear and uniforms)			
Living Away From Home			
TOTAL:			

Official Use Only: Comments Section

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.

- If you have already been accepted by the training institution, a copy of the letter of acceptance outlining the required information as indicated in Section F.
- Return to Work Action Plan Summary 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 4 above.
- Completed EMP 5342 "Request for Authorization to Quit Employment" and any supporting documentation, if applicable.

Note: Completion of Section I is required only if the amount of funding requested from HRSDC is \$25,000 or more, excluding any weekly unemployment benefits, if applicable.

Amount requested is \$25,000.00 or more: Yes No

Section I - Declaration - Amounts Owing in Default to the Government of Canada :

Instructions:

- The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to Section 7 of the Financial Administration Act).
- While the completion of this declaration is optional, failure to do so may result in denial of funding.

1. Do you, the applicant, owe any amounts that are in default to the Government of Canada?

Yes No

If yes, please complete the following chart:

Amount in Default Owing	Nature of the Amount in Default Owing (taxes, penalties, overpayments etc.)	Name of Government Department or Agency to Which the Amount in Default is Owed

Attestation:

I declare that:

- (a) I have read and understood the information provided in this application package;
- (b) The information I have provided to the Commission 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 Commission;
- (d) The information provided, with respect to amounts owing in default to the Government of Canada, is true and accurate. I recognize that amounts payable to me under any future contribution agreement may be deducted from, or set-off against, any such amounts owing to the Government of Canada.

I authorize:

- (a) the Minister of Human Resources and Skills Development to disclose all information contained in this application concerning an amount in default owing to a government institution listed in Section I to the institution concerned for the purpose of verifying the amount and status of debt, and
- (b) the government institution listed in Section I to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my application in connection with my declaration as to amounts owing to the federal government that are in default.

Name of applicant:

Signature of applicant:

Date:

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 HRSDC _____ Date _____