

LABOUR FORCE TRAINING PROGRAM

Description

The Program provides funding to eligible businesses and organizations to train individuals who are being considered for an available job in their company and/or to improve the skills and opportunities of their new or existing employees. It is recognized that employee training is primarily the responsibility of the employer; however given the current labour market context in NB, the Department of Postsecondary Education Training and Labour (PETL) wants to encourage employers to provide strategic training to their workforce as per the Program's criteria.

Eligible Applicants

An Applicant should be an employer:

- Private sector;
- Non-profit organization;
- First Nations

The Applicant's place of business should normally be established in New Brunswick.

Eligible Training Participants

- A current employee or the owner of the company: The training participant must be employed by the Applicant.
- A potential employee:
 - Must be selected by the Applicant.
 - Must require training to obtain an available job with the Applicant.
 - The eventual job must be in NB.
- Must be legally entitled to work in Canada.
- Must be working in NB on a permanent basis.

Eligible Training Type

- The training will result in the participant developing the necessary skills to attain, increase, improve and/or maintain labour market attachment.
- The training should address skill gaps.
- Training that is within 52 weeks or less in duration.
- Training that is required for an individual to perform the duties of an available job.

Eligible Training Costs

- Tuition fees or fees charged by a training provider
- Mandatory participant fees
- Mandatory textbooks, software or other required materials
 - (Ex: Software developed for training purpose. Software developed in order to teach training participants how to use new equipment)
- Examination fees directly related to the training
- Training provider's travel costs

**Work tools that could be used by an employee to perform his / her daily work tasks are not eligible (Ex: a computer).

Eligible Training Providers

- Third party Training Providers must be separate and distinct from the business/organization.

Applications

- Must be received prior to training start date.
- Must be assessed and approved prior to training start date.

Funding

- Two levels of funding are available:
 - Level 1 activities provides 50% funding, through a reimbursement of eligible training costs based on the Program Consultant's assessment.
 - Level 2 activities provides 25% funding, through a reimbursement of eligible training costs based on the Program Consultant's assessment.
- The Applicant must financially contribute towards the eligible training costs. The contribution amount is based on the Department level of funding.
- The minimum eligible cost per training, per fiscal is \$500.
- The maximum government contribution per employer, per region, per fiscal is \$40,000.
- Applicants may receive funding contributions from other federal and/or provincial departments and/or the private sector towards the training provided that:
 - The funding is not for the same total costs eligible under the LFT; and/or
 - The funding is not being used by the Applicant towards their contribution.
- The Applicant must not request participants to pay for the training cost.

Business/organizations are encouraged to contact their PETL regional office before submitting an application.

INCOMPLETE FORMS WILL BE RETURNED / PRINT CLEARLY

1. Legal Registered Name of Business or Organization:

Street Address:

Mailing Address:

City, Town, Village:

Province:

Postal Code:

Business Location:

Web Site Address (if applicable):

Main Activity of Business or Organization:

2. Business Number from Canada Revenue Agency (if applicable):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*All employers with a payroll number **MUST** provide it.*

For information on how to apply for it, please call Canada Revenue Agency at 1-800-959-5525.

3. Has this business/organization received any prior funding from the Department of Post-Secondary Training and Labour (PETL)?

Yes No

4. Mr. Name of Contact Person:

Ms.

Title of Contact Person:

5. In which official language do you prefer to receive correspondence? English French

Telephone Number:

Fax Number:

Alternate Number #1:

Alternate Number #2:

E-mail Address (if applicable):

Type of Business or Organization: Only select one

Private First Nations Non-Profit*

If Private, please indicate which of the following would apply:

Sole Proprietorship Partnership Incorporated

*Non-profit organizations **must** provide a letter signed by a member of the Board of Directors with signing authority. The letter **must** outline (1) how they will dedicate their financial resources towards their share of the training cost (applicant's contribution towards eligible training costs) and (2) demonstrate that their contribution is not based solely on government and/or private funding.

6. Indicate the total number of employees by category listed below working for your company at the time of application:

Total Description

- Year Round, Full-Time: 44 or more weeks per year and 30 or more hours per week.
- Year Round, Part-Time: 44 or more weeks per year and from 15 hours to less than 30 hours per week.
- Seasonal, Full-Time: 43 weeks or less per year and 30 hours or more per week.
- Seasonal, Part-Time: 43 weeks or less per year and from 15 hours to less than 30 hours per week.

7. Select one of the following which describes the training provider:

- Post-Secondary Institution Private Company Union Training Coordinator Industry Association
- Other If "other", please specify:

Name of Training Course:

Name of Training Provider:

Training Start Date:

Training End Date:

8. Training Proposals

An application must include an attached training proposal (and curriculum) from the training provider which includes, at least, the following information:

1. Training Provider and Contact Information;
2. Location of Training;
3. Name of Training Program / Course:
 - a) Brief description of Program / Course (including impact training will have on participants);
4. Upon successful completion, please provide the name of certification / qualification / assessment as appropriate;
5. a) Duration of Training: (Hours, days, weeks)
 b) Start Date/End Date (dd/mm/yyyy);
6. Training Method: Classroom, Workplace or On-line;
7. Costing:
 - a) Tuition fees or fees charged by a training provider (may include **training provider** travel and accomodation costs)
 - b) Mandatory student fees

- c) Mandatory textbooks and software
- d) Other required materials (1)
- e) Examination fees
- f) Total cost

(1) "Other required materials" refers to materials that the client **must** have in order to successfully complete the training, as identified by the training provider.

9. Number of Training Participant(s)

	<u>Name of Training Participant(s)</u>	<u>Job Title</u>	Potential Employees*	Existing Employees
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Potential Employee: An individual who needs training to obtain a job with the business/organization applying for a grant.

If more than five participants, please complete the Appendix.

10. Required Additional Information *(If additional space is required, attach a separate piece of paper)*

Please demonstrate how the training is necessary for the employee(s)/potential employee(s) attending the training.

Will the business/organization be receiving any other funding from the Provincial/Federal Government and/or the private sector towards this training?

- Yes
 No
 To be determined

If yes, please specify:

I confirm that:

- The training is not for certification renewal or a course refresher.
- The training participant(s) is legally entitled to work in Canada.
- The participant is/will be working in NB on a permanent basis (Full-time/Part-time/Casual/Seasonal).
- The training participant(s) is not a full-time student.
- The training participant(s) is not displacing permanent employees on lay-off, vacation, parental or sick leave.

Other Comments:

I certify that the information contained in this application is correct. The training for which I am requesting a grant addresses skills gaps specific to existing or new job opportunities and ensures participants develop the necessary skills to attain, increase, improve and/or maintain labour market attachment⁽¹⁾. **I certify that I have read, understood, signed, and dated the attached Consent Form, and that I may keep a copy for my records.**

Your signature affirms your status is in good standing with the New Brunswick Employment Standards Branch. Furthermore, any information relating to this application or your status with the Employment Standards Branch will be shared, if and when necessary, with the Employment and Continuous Learning Services Branch of PETL in order to determine your eligibility to the program. Please contact your PETL Regional Program Consultant if your status is not in good standing with the New Brunswick Employment Standards Branch.

Signature

Date

⁽¹⁾ For example: Training is required as a prerequisite to hiring an individual or is due to technological or technical changes, job redesign.

APPLICANT CONSENT FORM TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION

The Department of Post-Secondary Education, Training and Labour (the Department), its agents, and third party external service providers (service providers) are the organizations that provide employment-related programs and services.

Information (including personal, business, and financial information) provided by you for these programs and services is collected, used and disclosed by the Department, its agents and service providers under the authority of section 4(2) of the *Employment Development Act*, S.N.B. 2001, c.148 and in accordance with paragraph 37(1)(b) of the *Right to Information and Protection of Privacy Act*, S.N.B. 2009, c. R-10.6 (RTIPPA) for the purposes of administering the employment-related programs and services established under the Canada-New Brunswick Labour Market Agreements. Please see the definition of personal information in RTIPPA for more details on what is considered personal information.

Information provided by you is protected and handled in accordance with RTIPPA and the *Document and Record Management Policy*. If you have any questions or concerns regarding this consent form, the application process, the handling of your information, or the programs and/or services, please contact your Department's regional office.

All information provided by you must be accurate; please immediately inform the Department, its agents, and service providers of any changes.

Consent to Collect, Access, Use and Disclose Personal Information

I, contact person on behalf of _____ (please print business name), hereby consent to allow the Department, its agents, and service providers to collect, access and use information provided by me.

I understand that I, or other contact person on behalf of the business, can revoke this consent in writing, at any time. In doing so, I understand that the business will no longer be able to participate in the program(s) or service(s), because of the requirements established by the Canada-New Brunswick Labour Market Agreements.

Name of Contact Person (please print)

Business Name (please print)

Signature of Contact Person

Date