



## SKILLS LINK - INDIVIDUAL SKILLS ENHANCEMENT

### Information Sheet

#### **Objective:**

The objective of Skills Link - Individual Skills Enhancement is to help youth with barriers to employment develop a broad range of skills and knowledge in order to participate in the current and future labour market.

#### **Eligibility:**

To be eligible for assistance under in Skills Link - Individual Skills Enhancement, applicants must be:

- between 15 and 30 years of age (inclusive) at the time of application;
- out of school;
- a Canadian citizen, permanent resident, or person who has been granted refugee status in Canada<sup>1</sup>;
- not in receipt of Employment Insurance (EI) benefits<sup>2</sup>; and
- in need of assistance in order to overcome employment barriers.

Skills Link participants are youth at greater risk than other youth of not making a successful transition to the workplace and establishing themselves within the labour market. The assessment of risk will encompass a broad range of social, economic and demographic factors. The following list may be used as a guide, and high school non-completers will be given priority:

1. high school non-completion;
2. disability;
3. Aboriginal origin;
4. visible or ethnic minority;
5. health-, drug- and/or alcohol-related problems;
6. residence in a rural or remote location;
7. lone (single) parent;
8. low levels of literacy and numeracy;
9. language barriers;
10. street involvement;
11. contact with justice, child welfare or social assistance systems;
12. homeless or at-risk of becoming homeless;
13. lack of social supports: family, friends or community supports;
14. poor self-management and/or behaviour management abilities; or
15. other reasons (must be specified).

<sup>1</sup> Persons awaiting refugee status, as well as those who hold a temporary visitor visa, student visa or work visa, are ineligible to participate in a Youth Employment Strategy initiative.

<sup>2</sup> Participants must not be in receipt of EI. A priority will be given to non EI-eligible youth (i.e. not entitled to Part 1 or Part II benefits). In order for a youth to participate in an Individual Skills Enhancement intervention, regions may be required to further restrict youth project participation based on Labour Market Development Agreements.

#### **General Information:**

Before Human Resources and Skills Development Canada (HRSDC) can assess an application it will be necessary for the applicant to receive an assessment and develop an Action Plan 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 Skills Link - Individual Skills Enhancement must be approved by HRSDC in advance of the applicant commencing training.

#### **Income Tax:**

Financial assistance paid to participants is included as income for tax purposes with the exception of dependant care costs and tuition (including tuition for Adult Basic Education), which are no longer subject to tax.

In most cases you will be able to claim the tuition tax credit for the 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 the training institution to determine if it is eligible to issue these receipts.

#### **Privacy and Access to Information:**

Information collected on this form is protected under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions on obtaining your personal information can be found in the *Info Source* publication, available at HRCCs or on the Treasury Board Website. The information on this form 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 HRSDC may be linked.



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Application for Funding

PART A - APPLICANT INFORMATION

Surname		Given Name and Initial		Social Insurance Number	
Permanent Address					
City		Province		Postal Code	
Email				Telephone Number	
Are you currently in receipt of Employment Insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received Employment Insurance in the last 3 years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received Employment Insurance in the last 5 years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Birth (YYYY-MM-DD)		Employment Status at Start of Intervention			
		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student			
Do you meet the eligibility criteria outlined on the Information Sheet?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
LANGUAGE SPOKEN		LANGUAGE WRITTEN		LANGUAGE PREFERENCE	
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both		<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Both		<input type="checkbox"/> English <input type="checkbox"/> French	

The Federal Government is committed to equity in employment. You are encouraged to complete the following voluntary questions and indicate if you are a member of any of these groups.

GENDER		MEMBER OF A VISIBLE MINORITY		PERSON WITH DISABILITY (If Yes, please state nature of disability.)	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
ABORIGINAL GROUP					
<input type="checkbox"/> Registered on-reserve <input type="checkbox"/> Registered off-reserve <input type="checkbox"/> Non status <input type="checkbox"/> Métis <input type="checkbox"/> Inuit					

PART B - EDUCATION AND EXPERIENCE

Level of Education (Please indicate the number of years completed at each level.)				Date of Last Full-time Studies	
Secondary ____ CEGEP ____ Community College ____ Private Institution ____ University ____					
Please list any diplomas, certificates, trade licences and/or degrees that you have earned.					
What is your occupational/career goal?					
Do you have any experience/background in this field? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain:					

PART C - COURSE INFORMATION

Name of Training Institution		Course Title			
Start Date (YYYY-MM-DD)		End Date (YYYY-MM-DD)		Hours per Week	
Have you been accepted by the training institution?		Have you compared this course with similar courses at other training institutions?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
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:					

PART D - TRAINING COSTS

Cost Category	Total Estimated Costs	Amount of Funding Requested from HRSDC	Amount of Client Contribution to Training Costs
Tuition and Other Instructional Costs			
Income Support			
Transportation and Other Personal Supports			
Dependant Care Costs			
Disability Costs			



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PART E - FINANCIAL SUPPORT

Financial support will be provided to participants where no other support (social assistance, municipal support) is being provided. In such cases, the allowance is equal to the minimum wage and is based on the number of hours of instruction that the participant receives.

**FAMILY ORDER AGREEMENTS**

Do you currently have either:

i) an order or judgement 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 judgement for maintenance, alimony or family financial maintenance may result in an overpayment being established.

PART F - ATTESTATION

I declare that:

a) I have read and understood the information provided in this application package;

b) The information I have provided in this application and any 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 HRSDC;

SignatureDate (YYYY-MM-DD)

PART G - STATEMENT FROM CASE MANAGER

I, , working for

(Please print name) (Name of case management provider)

have completed an assessment of this client's situation and agree that the training specified in PART C of this application is the most appropriate to assist the client in pursuing their Action Plan.

SignatureDate (YYYY-MM-DD)Telephone Number

HRSDC USE ONLY			
DATE RECEIVED (YYYY-MM-DD)	<div></div>	DATE OF ENTRY (YYYY-MM-DD)	NAME <div></div>