

APPLICATION FOR FUNDING AND TRAINING PLAN

Section 1		Employer Information			
Contact Name:				Title:	
Enter name and title of designated contact person for your organization. This person could be contacted for additional information or follow-up related to the application, training activities, and/or funding.					
Legal Name of Co.:					
Enter the full legal name of your company as it is registered with BC Corporate Registry, if applicable.					
Company Name dba:					
If your company is operating under a name different from the one under which it was formed, please enter the "doing business as" name.					
Address:					
City:		Postal Code:			
Telephone:		Facsimile:			
Email address:		Sector # : Choose from list:			
# of Years Operating: Choose from list:		Size of Organization: Choose from list:			
Type of Organization:	Non-Profit <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Incorporated Co. <input type="checkbox"/>	

Section 2		Program Funding Requested		
<input checked="" type="checkbox"/>	Please indicate which of the following options you are requesting:			
<input type="checkbox"/>	A – Hiring Incentive – Eligible employers may request up to \$2,800 per participant when hiring and providing on-the-job training to a maximum of 3 participants. Please enter the details for each participant in Section 4 on page 2.			
<input type="checkbox"/>	B – Supplementary Training – In addition to funds requested for hiring a participant, employers may also request up to \$1,000 per participant to a maximum of 3 participants to develop and implement a training plan for the newly hired participants. Please complete Section 6 on page 3.			

Section 3		Program Checklist		
Please answer the following questions:		Yes	No	Details
1	Is your organization registered and in good standing with WorksafeBC?	<input type="radio"/>	<input type="radio"/>	
2	Will your organization adhere to all BC labour laws in the hiring and employment of the participant(s)?	<input type="radio"/>	<input type="radio"/>	
3	Is your organization suitable for public funding?	<input type="radio"/>	<input type="radio"/>	
4	Will any of the participants hired be:			
	a) filling job vacancies left open due to labour disputes?	<input type="radio"/>	<input type="radio"/>	
	b) filling a position of a laid-off worker awaiting recall?	<input type="radio"/>	<input type="radio"/>	
	c) displacing an existing worker currently working for you?	<input type="radio"/>	<input type="radio"/>	
5	Is each of the participants between the ages of 15 and 29?	<input type="radio"/>	<input type="radio"/>	
6	Will the Hiring Incentive position(s) be a minimum of 30 hrs/wk.?	<input type="radio"/>	<input type="radio"/>	
7	Will the Hiring Incentive position(s) be a minimum of 3 months?	<input type="radio"/>	<input type="radio"/>	

Section 4 Hiring Incentive Participant Information					
Please Note: 1. Eligible participants must be between the ages of 15 and 29 at the date of hire. 2. Participants must be unemployed prior to signing a Funding Agreement. 3. If you are in the hiring process and do not have the name of a participant, please enter TBA under Last Name.					
Please complete the following information for each of the participants to be hired:					
Last Name	First Name	Phone	Position	Anticipated Start Date	Funding requested
Total requested:					

Section 5	Certification by Applicant Employer
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On behalf of the applicant organization, I hereby certify that I have read and understand the guidelines of the *GET YOUTH WORKING! PROGRAM*. I attest that the information provided in this Application is true, accurate, and complete and that if the any of the information in this Application is false or misleading, I understand that I may be required to repay some or all of the funding paid to me as a result of my participation in this Program.

 EMPLOYER - AUTHORIZED SIGNATURE _____
 Date

- Please choose **one** of the following submission methods when returning your completed and signed Application Form:
- automatically through the website by clicking on "Submit" at the top of the page. [If submitting through the website, please also print this page, sign, date and then either fax, mail, or email a copy as outlined below.](#)
 - by mail to Bowman Employment Services Inc., 211 – 1664 Richter St., Kelowna, BC V1Y 8N3, or
 - by facsimile to: 1-855-448-4601 or 250-448-4601
 - by email to gyw@bowmanemployment.com. A signed copy of this application is required.

If you have any questions or require assistance, please call: 1 877 866-3100

In order to accomplish the Get Youth Working Program objectives, Bowman Employment Services is required to collect or compile personal information about your organization. This information could be disclosed to BES, the government of the Province of BC (the "Province") or their designates for contract monitoring or auditing, and/or research purposes. BC's privacy legislation, the *Personal Information Protection Act* and the *Freedom of Information and Protection of Privacy Act*, governs the collection, use and disclosure of personal information by private organizations and the government, as well as recognizes the right of individuals to protect their personal information. By verbally agreeing to or signing this notice you have given permission for us to disclose the personal information we collect to the Province's employees or its' designates for the purposes noted above.



Funding provided through the Canada-British Columbia Labour Market Agreement.

Company Name:

Section 6 – Supplementary Training Plan: Please complete the following information for the participant* requiring supplementary training. (Note: Grey shaded areas are for office use only.)

*** A separate Supplementary Training Plan needs to be completed for each participant.**

Participant Last Name				Participant First Name				
SUPPLEMENTARY TRAINING - please indicate which of the following objectives will be achieved with this Training Plan:								
1	provide the participant with a certificate or recognized credentials							
2	enhance the participant's ability to carry out the expected job-related duties required for the Hiring Incentive position							
3	provide the participant with skills relevant to the current and future labour markets							
4	other:							
Course # 1 - Name and Address of Training Institute				Course # 1 - Name of Course				
	Day	Month	Year		Day	Month	Year	
Start Date				Finish Date				
- Will the training occur during working hours?				Yes <input type="radio"/>	No <input type="radio"/>			
- Will the participant be paid during the training time?				Yes <input type="radio"/>	No <input type="radio"/>			
Course #	Tuition Public	Tuition Private	Reg. Fee	Books	Supplies	Other	Total Requested	Total Approved
1								
Course # 2 - Name and Address of Training Institute				Course # 2 - Name of Course				
	Day	Month	Year		Day	Month	Year	
Start Date				Finish Date				
- Will the training occur during working hours?				Yes <input type="radio"/>	No <input type="radio"/>			
- Will the participant be paid during the training time?				Yes <input type="radio"/>	No <input type="radio"/>			
Course #	Tuition Public	Tuition Private	Reg. Fee	Books	Supplies	Other	Total Requested	Total Approved
2								

*** If you require space for additional courses, please complete Page 4.**

Company Name:

Section 6 – Supplementary Training Plan-continued: (* A separate Supplementary Training Plan needs to be completed for each participant.)

Participant Last Name				Participant First Name				
Course # 3 - Name and Address of Training Institute				Course # 3 - Name of Course				
	Day	Month	Year		Day	Month	Year	
Start Date				Finish Date				
- Will the training occur during working hours?				Yes <input type="radio"/>	No <input type="radio"/>			
- Will the participant be paid during the training time?				Yes <input type="radio"/>	No <input type="radio"/>			
Course #	Tuition Public	Tuition Private	Reg. Fee	Books	Supplies	Other	Total Requested	Total Approved
3								
Course # 4 - Name and Address of Training Institute				Course # 4 - Name of Course				
	Day	Month	Year		Day	Month	Year	
Start Date				Finish Date				
- Will the training occur during working hours?				Yes <input type="radio"/>	No <input type="radio"/>			
- Will the participant be paid during the training time?				Yes <input type="radio"/>	No <input type="radio"/>			
Course #	Tuition Public	Tuition Private	Reg. Fee	Books	Supplies	Other	Total Requested	Total Approved
4								
Course # 5 - Name and Address of Training Institute				Course # 5 - Name of Course				
	Day	Month	Year		Day	Month	Year	
Start Date				Finish Date				
- Will the training occur during working hours?				Yes <input type="radio"/>	No <input type="radio"/>			
- Will the participant be paid during the training time?				Yes <input type="radio"/>	No <input type="radio"/>			
Course #	Tuition Public	Tuition Private	Reg. Fee	Books	Supplies	Other	Total Requested	Total Approved
5								