

Before You Begin

To be eligible for funding under the Skills Development program you must meet the eligibility criteria for the program. An Employment Nova Scotia Agreement Manager will assess your application to determine your eligibility and advise you of the results of that assessment. Basic eligibility criteria include the requirement to be a Canadian Citizen or Permanent Resident who is currently a resident of Nova Scotia. You must also be unemployed or considered employed less than 20 hours per week (on average over the past year), out of school for at least three years **and** considered to have made the transition to the labour market through attachment to the Employment Insurance Fund. There is a requirement under the Skills Development program that you be case managed through an Employment Assistance Service funded through Employment Nova Scotia and **your completed application package must be received by Employment Nova Scotia prior to the normal start date of the course**. There are additional eligibility criteria that will be assessed at the time of application and will inform the funding decision of Employment Nova Scotia.

The information you provide in this worksheet and other supporting application documents will be used along with the information which you provide to your case manager to assess your eligibility for the Skills Development program. Any false or misleading statement provided may result in an overpayment or termination of any consequent agreement.

Please note: If you are subject to a garnishment under the Family Orders and Agreement Enforcement Assistance Act any benefits which you receive from this program are eligible for garnishment. You may wish to contact your Maintenance Enforcement Officer to discuss reducing your garnishment amount for this agreement.

Identification Information

Last name

SIN

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First name

Middle initial

Case number

Occupational Goals and Research

What is your occupational/career goal? *If you have applied for more than one course, please include details relevant to all courses in each of your answers below.*

Do you have experience in this field?

Yes

No

Please explain:

Explain how you compared this course with other similar courses offered by other training institutions. Please include cost comparisons, duration, and student success along with other factors you considered.

What options, other than this program, have you considered to achieve your goal?

Why do you feel this program is the best option to achieve your goal?

In addition to the job search record you are including in your application, describe what you have done to find work. Please include a short summary that describes how long you have been unemployed, if you had job search assistance, any barriers you have faced in your job search, and any other details you feel are relevant.

In your own words, what do you believe is preventing you from obtaining employment using your existing skills and experience?

Course Information

Please provide details on the course you are requesting funding to attend.

Course Name	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Classroom/Training Hours per	Classroom/Training Participation
<input type="text"/>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Training Institution Name & Campus

Training Institution Location

Do you require further assistance for other training courses? Yes No

If yes, please provide details below:

Course Name	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Course Name	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Course Name	Start Date	End Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Program Participation

List any previous participation in any provincial or federal employment programs and their outcome. If more space is needed please provide an additional document to your case manager with details.

Program Name	Year	Completed	Outcome / Result
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please record your name and the date you completed this form in the space provided below:

Name:

Your signature:

Date: