

Notice of Collection and Use of Personal Information

Your personal information collected on this form and in all other communications related to your application and the Grant for Apprentice Learning (the Grant) is used by the Ministry of Labour, Training and Skills Development (MLTSD) to administer and finance the Grant and to update your apprenticeship file. This includes: verifying your eligibility for the Grant, issuing the Grant payments, issuing you a T4A form, maintaining and auditing your file, auditing the Grant and conducting policy analysis, evaluation and research related to all aspects of apprenticeship training. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to the Grant. MLTSD may collect personal information from your employer and the Ontario College of Trades (OCOT). MLTSD may use the Ministry of Government and Consumer Services to issue the Grant funds and may use auditors and contractors to administer and finance the Grant. The Grant is funded in part with funds provided by Canada under the Workforce Development Agreement ("WDA") between Canada and Ontario. Under the WDA, MLTSD is required to provide reports to Canada about the results of the Grant. MLTSD has the legal authority to collect and use this personal information under the ss.64 and 79 of the Ontario College of Trades and Apprenticeship Act, 2009, S.O. 2009, c. 22.

If you have any questions about the collection or use of this information contact the Employment Ontario Contact Centre, Ministry of Labour, Training and Skills Development, Telephone at 1-800-387-5656, TTY (telephone service for the deaf) 1-866-533-6339.

About the Grant (Western Region)

The Grant offers up to a \$3600 maximum taxable grant to apprentices who have completed and passed any level of Ontario authorized in-class apprenticeship training and were neither eligible for Employment Insurance (EI) benefits nor in receipt of Basic Living Allowance under EI Part II during their period of in-class training. To apply for funding from the Grant, please complete this form and mail to: **Coordinator, Bonus to Apprentices Program, Ministry of Labour, Training and Skills Development, 72-1200 Commissioners Road East, London ON N5Z 4R3.** For more information, visit our website at <u>Ministry of Labour, Training and Skills Development</u> (https://www.ontario.ca/page/ministry-labour-training-skills-development).

- You must include your notice of non-eligibility for Employment Insurance (EI) from Service Canada (SC) that covers the period of your in-school apprenticeship training, with this application.
- You have 180 days to apply, from the last day of a level of in-class training that you completed successfully. All applications received after this date will not be eligible.

Forms that are incomplete, unsigned or that do not include a notice of non-El eligibility from SC will be returned.

If you have any questions regarding the Grant, please call the Employment Ontario Contact Centre at 1-800-387-5656, TTY (telephone service for the deaf) 1-866-533-6339.

Personal Information								
Last Name			First Name	Middle Initial				
Address								
Unit Number	Street Number	Street Name		PO Box				

City/Town		Province		Postal Code				
Client ID number	Telephone N	umber	Email Address					
Apprenticeship In-Class Training Information Please indicate your most recent Apprenticeship in-class training information: 1. What is the name of the institution where you took your in-school training?								
2. What was the name of your apprentic	eship trade co	ourse?						
3. When did your class start? Date (yyyy/mm/dd)			4. When did your class end? Date (yyyy/mm/dd)					
5. What level did you complete and pass	\$?							
For MLTSD Use Only (please Do Not M Support: S3600 - 40 training days or more		,	aining 🗌 \$1200 - 5	to 24 training days				
Applicant's Declaration and Consent								
 The information I have provided on thi I have attached my notice of Non-EI eli Benefits; I am not in default of repayment of an ineligible for the Grant; 	gibility from S	ervice Ca	nada confirming that I	C C				
 I did not receive wages or any other for apprenticeship in-class training; I acknowledge and agree that if I fail to otherwise not entitled to the Grant function. 	o provide com	plete and	true information on th					
 By signing below, I give consent to ML information to OCOT, my employer, M and Consumer Services for the purpose 	TSD to collect LTSD contract	t personation	al information from and	-				
Social Insurance Number (for income tax	(purposes):							
Applicant's name (Please Print)	Signa	ture of Ap	plicant	Date (yyyy/mm/dd)				
For applicants under the age of 18 year	ars, the parer	nt or gua	rdian also must sign.					
Parent's/Guardian's name (Please Print)			rent's/Guardian	Date (yyyy/mm/dd)				