

Workplace Training for Innovation Program

Program Guidelines

**Ministry of Advanced Education and
Labour Market Development**

November 2009

Canada



**BRITISH
COLUMBIA**
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Purpose of the Program Guidelines

This program guide has been prepared to provide detailed information about the Workplace Training for Innovation Program.

What is the Workplace Training for Innovation Program?

The Ministry of Advanced Education and Labour Market Development has established a new program initiative, Workplace Training for Innovation Program, hereafter referred to as the WTI Program, through the Strategic Training and Transition Fund. The program is designed to provide eligible employers with funding for employee training in order to:

- improve productivity;
- support the introduction of new technology, machinery/equipment or work processes;
- enhance international competitiveness; and/or
- introduce innovative training and workplace strategies to increase the long term competitiveness of the organization and its workforce.

It is expected that this training will assist in positioning the employer for economic recovery.

Criteria for Funding

Eligible Funding Recipients

Both businesses and not-for-profit employers may be eligible to receive funding.

Eligible employers must be:

- small organizations (less than 50 employees);
- in good standing with the BC Corporate Registry;
- in existence for one year or more; and,
- deemed suitable for public funding and not engaged in any illegal, discriminatory or offensive business activities or practices.

In addition, organizations must certify that they would not undertake the training without financial assistance from the Province.

Eligible Training Costs

Training may be up to six months in duration and may be provided off-site or in-house. All training must be formal, structured and delivered by a training provider at arms-length from the funding recipient organization.

Eligible costs include:

- Training Purchase Costs – includes:
 - purchase of training from a recognized training institution or qualified external training provider
 - registration fees
- Other Training Related Costs – includes:
 - books, manuals, and/or other study materials necessary to complete the training

Examples of non-Eligible Costs

- Training undertaken prior to submission and approval of funding application
- Training for owner/operators or independent contractors
- Regulatory training or training related to safety, health, workplace orientation
- Training normally provided by suppliers or manufacturers
- Training that could be undertaken without funding assistance
- Employee or Employer wages
- Capital items, equipment or furnishings
- Employer or Employee travel costs

Other Funding Criteria

Organizations must provide Chemistry Consulting Group Inc. with:

- completed Participant Intake Forms for each employee who receives training as a result of the funding no later than 30 days following receipt of funding; and,
- completed Participant Exit Forms for each employee who receives training as a result of the funding by no later than 30 days following the completion of the training.

Samples of these forms are included in the **Mandatory Forms and Follow-up Process** section on page 8 of these Program Guidelines.

Funding will be exclusive of the amount of GST for which the Employer is eligible to claim an input tax credit or rebate. Therefore, small business Employer funding requests should not include GST and not-for-profit Employer funding requests should include only 50% of applicable GST.

Organizations are eligible to receive funding only once during the term of the WTI Program that ends on 31 March 2011.

Training must be completed within six (6) months following receipt of funding. Any training completed prior to receipt and approval of the funding application is not eligible for funding.

Any funding provided as a result of an application must be applied only to the items/training approved as part of the application. Any funds not so applied or any funds not used for approved purposes must be promptly repaid by the organization to Chemistry Consulting Group Inc. A Funding Reconciliation Form must be completed and submitted by the organization within 30 days following the completion of the training.

Funding is subject to audit and verification by Chemistry Consulting Group Inc. and/or the Province of British Columbia. Receipts and/or proof of expenditure records must be kept and made available for review for a minimum of seven (7) years.

Application Process

Organizations may apply for funding by submitting a completed *Application for Funding* form to Chemistry Consulting Group Inc. at the address below. The *Application for Funding* form is available on the Ministry of Advanced Education and Labour Market Development's website -

www.aved.gov.bc.ca/workplace_training_program/welcome.htm

An application is not a guarantee of funding. Applications will be processed on a first-come first-serve basis, subject to availability of funding.

Submission Guidelines

All applications must be completed in full and signed by an authorized signing authority for the organization. Organizations are requested to submit a hard copy of the completed *Application for Funding Form* with the authorized signing authority's hand written signature. Faxed and emailed applications will not be accepted.

Applications will be accepted until 31 January 2011.

Completed applications will be submitted to:

Chemistry Consulting Group Inc.
WTI Program
400-1207 Douglas Street
Victoria, B.C. V8W 2E7

Application for Funding Form

The following section lists all the items on the *Application for Funding Form* and provides additional information to assist in completing this form. While a number of the items may be self-evident, they have all been included to ensure clarity.

Section A. Applicant Information

1. Legal Name of Organization

- Enter the full legal name of your organization as it is registered with BC Corporate Registry.

2. Organization Mailing Address

- Enter your organization's mailing address.

3. Name and Title of Contact Person

- Enter the name and title of the designated contact person for your organization. This individual could be contacted for additional information or follow-up related to the application, training activities and/or funding.

4. Email Address

- Enter the email address for your organization's contact person.

5. City and Postal Code

- Enter the city, town or village and postal code associated with your organization's mailing address.

6. Phone and Fax Numbers

- Enter your contact person's phone and fax numbers.

7. Type of Organization

- Check the appropriate box to indicate the type of organization.

8. Number of Years Organization Has Been in Operation

- Check the appropriate box to indicate how long your organization has been in operation. The WTI Program is designed for organizations that have been in operation for one (1) year or more.

9. Incorporation/Registration Number in BC

- Enter your organization's BC Corporate Registry Incorporation or Registration Number.

10. Small Organization? (*less than 50 employees*)

- Check the appropriate box to indicate whether or not your organization is a small organization. For the purposes of the WTI Program, small organizations are defined as those with less than 50 employees.

11. Number of Employees to Receive Training

- Enter the number of employees who will receive training if your organization receives this funding. This number should correspond with the number of employees named as training participants in **Section B. 2 - Description of Training**.

Section B. Funding Request and Training Plan

1. Funding is requested for employee training to:

- Check the appropriate box (or boxes) to indicate the intended outcome of the training to be undertaken. If applicable, more than one box may be checked.

2. Description of Training

- Course Name – Enter the name of the course.
- Name of Training Provider – Enter the name of the recognized training institution or qualified external training provider.
- Start/End Dates of Training – Enter the date the training is scheduled to begin followed by the date the training is scheduled to end.
- Training Purchase Cost per Employee – Enter the cost of the training course for each employee.
- Description of Other Training Related Costs – Enter a brief description of other costs to be incurred in support of the training (i.e. books, manuals and/or other study materials necessary to complete the training).
- Name(s) of Employees to Receive Training – Enter the names of the employees to receive training as a result of this funding.
- Describe how this training relates to the box(es) checked in Section B. 1 – Enter information to describe the relationship between the training course and the intended outcome criteria box or boxes that you checked in Section B. 1.

If you require additional space for **2. Description of Training** (for example, if your application includes more than one training course), please submit a separate document with your *Application for Funding Form*.

3. Funding Request

- ❑ Training Purchase Cost – Enter the total amount requested for the purchase of employee training courses. This amount should be the product of the **Number of Employees to Receive Training** and the **Training Purchase Cost per Employee**.
- ❑ Other Training Related Costs – Enter the total amount requested for the purchase of books, manuals and/or other study materials necessary for employees to complete the training.
- ❑ Total Request - Enter the total amount of funding that your organization is requesting in the application. This amount should be the sum of the **Training Purchase Cost Amount Requested** and the **Other Training Related Cost Amount Requested**.

The maximum funding available per employer is \$5,000 and the maximum funding available per employee is \$1,500.

Funding will be exclusive of the amount of GST for which an Employer is eligible to claim an input tax credit or rebate. Therefore, small business Employer funding requests should not include GST and not-for-profit Employer funding requests should include only 50% of applicable GST.

Section C. Certification by Applicant and Agreement

This section outlines the requirements and Terms & Conditions which organizations must meet and maintain in order to be and remain eligible for WTI Program funding. In addition, this section will bind successful applicant employers to comply with these requirements and Terms & Conditions during their participation in the WTI Program.

This section must be completed and signed by an authorized signing authority for the applicant organization.

Application Receipt and Processing

All applications received by Chemistry Consulting Group Inc. will be reviewed for:

- completeness;
- organization eligibility; and,
- suitability of training.

If necessary, Chemistry Consulting Group Inc. may contact applicant organizations during the application review process in order to clarify application details.

Successful applicant organizations will be notified of funding approval in writing. Approved funding will be dispersed via a cheque delivered by regular mail. Working copies of the forms described in the **Mandatory Forms and Follow-up Process** section on page 8 of these Program Guidelines will also be provided.

Unsuccessful applicant organizations will be notified of application rejection in writing.

Details to explain the application rejection will be provided. Organizations who submit incomplete applications or applications determined to be unsuitable may submit subsequent applications. Ineligible organizations should not submit applications.

Applicants who are found to be eligible and suitable but for whom funding is unavailable will be notified. A waitlist will be established and waitlisted organizations may be contacted in the order of receipt should funding become available.

Funding Reconciliation Process

The *Funding Reconciliation Form* must be completed and submitted to Chemistry Consulting Group Inc. within 30 days of the training end date. Failure to submit the *Funding Reconciliation Form* may result in the establishment of an overpayment owed to Chemistry Consulting Group Inc. for the full amount of the funding received.

The *Funding Reconciliation Form* must be completed in full and signed by an authorized signing authority for the organization. Organizations must submit a hard copy of the completed form with the authorized signing authority's hand written signature. Faxed and emailed applications will not be accepted.

Completed reconciliation forms will be submitted to:

Chemistry Consulting Group Inc.
WTI Program
400-1207 Douglas Street
Victoria, B.C. V8W 2E7

Funding Reconciliation Form

The following section lists all the items on the *Funding Reconciliation Form* and provides additional information to assist in completing this form. While a number of the items may be self-evident, they have all been included to ensure clarity.

Section A. Funding Recipient Information

1. Legal Name of Organization

- Enter the full legal name of your organization as it is registered with BC Corporate Registry.

2. Name and Title of Contact Person

- Enter the name and title of the designated contact person for your organization. This individual could be contacted for additional information or follow-up related to funding reconciliation.

3. Organization Mailing Address

- Enter your organization's mailing address.

4. Email Address

- Enter the email address for your organization's contact person.

5. City and Postal Code

- Enter the city, town or village and postal code associated with your organization's mailing address.

6. Phone and Fax Numbers

- Enter your contact person's phone and fax numbers.

7. Incorporation/Registration Number in BC

- Enter your organization's BC Corporate Registry Incorporation or Registration Number.

8. Number of Employees Who Received Training

- Enter the number of employees who received training as a result of this funding. This number should correspond with the number of employees who completed Participant Intake Forms.

Section B. Funding Reconciliation

1. Funding Received

- Enter the total amount of WTI Program funding that your organization received.

2. Funding Spent

- Enter the total amount of WTI Program funding that your organization spent on eligible costs as defined on page 1 of these Program Guidelines.

3. Total Overpayment

- Enter the difference between **Funding Received** and **Funding Spent**.
- An amount of greater than zero entered in this box indicates that your organization has an overpayment due to Chemistry Consulting Group Inc. Please see **Funding Reconciliation Form Receipt and Processing** on page 8.
- If the entry in this box is zero, no overpayment is indicated.

4. Official Use Only – Verification

- Please do not write in the shaded area. This area is for use by Chemistry Consulting Group Inc. only.

Section C. Funding Recipient Declaration

In this section, the organization will certify that the funding was applied in accordance with the WTI Program Terms & Conditions. In addition, the organization will certify that financial records associated with the WTI Program funding will be kept and made available for review by Chemistry Consulting Group Inc. and/or the Province of British Columbia for a minimum of seven (7) years.

This section must be completed and signed by an authorized signing authority for the applicant organization.

Section D. Overpayment Settlement Instructions

This section provides instructions for organizations that have an overpayment due to Chemistry Consulting Group Inc.

Funding Reconciliation Form Receipt and Processing

All *Funding Reconciliation Forms* received by Chemistry Consulting Group Inc. will be reviewed for:

- completeness; and,
- accuracy.

If necessary, Chemistry Consulting Group Inc. may contact organizations during the funding reconciliation process in order to clarify details.

Organizations will be contacted to acknowledge receipt of their *Funding Reconciliation Form* and to:

1. confirm the absence of an overpayment; or
2. confirm the existence of an overpayment; and,
3. verify the amount of the overpayment.

Organizations with an overpayment due to Chemistry Consulting Group Inc. will have thirty (30) days to reconcile the overpayment. Chemistry Consulting Group Inc. will provide additional overpayment settlement instructions to organizations found to be in an overpayment situation.

Mandatory Forms and Follow-up Process

Mandatory Forms

1. Application for Funding Form
 - A sample copy is included in these Program Guidelines for reference only. The official *Application for Funding Form* is available on the Ministry of Advanced Education and Labour Market Development website - www.aved.gov.bc.ca/workplace_training_program/welcome.htm
2. Funding Reconciliation Form
 - Completion and submission of this form is mandatory. Failure to complete and submit this form will result in the generation of an overpayment for the full amount of the funding.
 - A sample copy is included in these Program Guidelines for reference only. A working copy will be sent to successful applicant employers.
3. Participant Intake Form
 - Completion of this form by participating employees and submission of the form by employer organizations are mandatory requirements of the WTI Program. Participating employees must comply with conditions contained within the forms.
 - Failure on the part of employers to submit completed forms to Chemistry Consulting Group Inc. will result in an overpayment for the full funding amount.

- A sample copy is included in these Program Guidelines for reference only. A working copy will be sent to successful applicant employers.

4. Participant Exit Form

- Completion of this form by participating employees and submission of the form by employer organizations are mandatory requirements of the WTI Program. Participating employees must comply with conditions contained within the forms.
- Failure on the part of employers to submit completed forms to Chemistry Consulting Group Inc. will result in an overpayment for the full funding amount.
- A sample copy is included in these Program Guidelines for reference only. A working copy will be sent to successful applicant employers.

Follow-up Process

Employees will be contacted at approximately 3 and 12 months after the completion of their training for the purpose of WTI Program evaluation. The follow-up process will be conducted by an agent of the Province of British Columbia through a short telephone survey. During the follow-up process, employees will be asked to comment on their participation in the training and to confirm and/or expand on information that they provided in the forms. No personally identifiable information about the participants will be exchanged with the federal government to fulfill the Province of British Columbia's reporting requirement.

SAMPLE APPLICATION FOR FUNDING FORM

C. Certification by Applicant and Agreement

On behalf of the applicant organization, I hereby certify that I have read and understand the terms and conditions of the Workplace Training for Innovation Program ("WTI Program") as well as each of the following requirements, which I acknowledge must be met and maintained by the organization applying for funding in order to be and remain eligible for funding:

1. The organization must be in good standing with the BC Corporate Registry.
2. The organization would not undertake this training without financial assistance from the Province.
3. The organization must provide Chemistry Consulting Group Inc. with completed Participant Intake Forms for each employee who receives training as a result of this funding by no later than 30 days following the start of the training. The organization must provide Chemistry Consulting Group Inc. with completed Participant Exit Forms for each employee who receives training as a result of this funding by no later than 30 days following the completion of the training.
4. The organization must be deemed suitable for public funding and must not engage in any illegal, discriminatory or offensive business activities or practices.
5. Organizations are eligible to receive funding only once during the term of the WTI Program that ends on 31 March 2011.
6. Training must be for employees. Owner/operators and contractors of the organization are not eligible to receive training.
7. Required regulatory training or training related to health, safety or workplace orientation is not eligible for funding.
8. Training must be completed within six (6) months following receipt of funding. Any training completed prior to receipt and approval of the funding application is not eligible for funding.
9. Any funding provided as a result of this application must be applied only to the items/training approved as part of this application. Any funds not so applied or any funds not used for approved purposes must be promptly repaid by the organization to Chemistry Consulting Group Inc. A completed Funding Reconciliation Form must be submitted by the organization within 30 days following the completion of the training.
10. Funding is subject to audit and verification by Chemistry Consulting Group Inc. and/or the Province of British Columbia. Receipts and/or proof of expenditure records must be kept and made available for review for a minimum of seven (7) years.

I, the undersigned, hereby certify that all of the information provided on behalf of the organization is true and complete to the best of my knowledge and belief. By signing below I, on behalf of the organization, certify, agree and commit that the organization does and will continue to comply with the above and any other terms and conditions relating to the WTI Program.

Signature of Authorized Signing Authority:

Print Name and Title:

Date: (YYY / MM / DD)

An application is not a guarantee of funding. All applications are reviewed on a first-come, first-served basis, subject to availability of funding.

Please mail your funding application to:

Chemistry Consulting Group Inc.
WTI Program
400-1207 Douglas Street
Victoria, B.C. V8W 2E7

If you have any questions, please call: 1 877 365-5757

Information collected in this application form is collected under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and is subject to all of the provisions of that *Act*. The information collected will be used for the administration of the Strategic Training and Transition Fund program for which you have applied. If you have any questions concerning the collection, use or disclosure of this information, please contact the Director of the Labour Market Agreement at (250) 952-0642.

SAMPLE FUNDING RECONCILIATION FORM



**Ministry of Advanced
Education and Labour
Market Development**



**Workplace Training for Innovation Program
Funding Reconciliation Form**

A. Funding Recipient Information

Legal Name of Organization:		Name and Title of Contact Person:	
Organization Mailing Address:		Email Address:	
City:	Postal Code:	Phone Number:	Fax Number:
Incorporation/Registration Number in BC:		Number of Employees Who Received Training:	

B. Funding Reconciliation

Funding Received	Funding Spent	Total Overpayment	Official Use Only Verification
\$	\$	\$	\$

See Section D. for Overpayment Settlement Instructions.

C. Funding Recipient Declaration

<p>On behalf of the funding recipient organization, I hereby certify that:</p> <ol style="list-style-type: none"> 1. The information provided in this form is true and correct to the best of my/our knowledge; 2. Expenses incurred and claimed were eligible as per the terms and conditions of the Workplace Training for Innovation Program; and, 3. Receipts and/or proof of expenditure records will be kept and made available for review by Chemistry Consulting Group Inc. and/or the Province of British Columbia for a minimum of seven (7) years. 	
Signature of Authorized Signing Authority:	
Print Name and Title:	Date: (YYY / MM / DD)

D. Overpayment Settlement Instructions

An amount of greater than zero entered in the Total Overpayment box in **Section B. Funding Reconciliation** indicates that your organization has an overpayment due to Chemistry Consulting Group Inc. Organizations will have thirty (30) days to settle overpayments due to Chemistry Consulting Group Inc.

To settle an overpayment, follow these steps:

1. A cheque in the amount of the overpayment (see note below) must be made out to Chemistry Consulting Group Inc.
2. The overpayment cheque must be included with the completed Funding Reconciliation Form and mailed within 30 days of completion of training to:

Chemistry Consulting Group Inc.
WTI Program
400-1207 Douglas Street
Victoria, B.C. V8W 2E7

Note: Overpayments owing that are \$25 or less need not be repaid. For example, if you received WTIP funds of \$3,500 for training which ended up costing \$3,480, you would not have to remit the \$20 overpayment. However, if you received \$3,500 for training which ended up costing \$3,450, you would need to submit a cheque for \$50 -- the full amount of the overpayment.

SAMPLE FUNDING RECONCILIATION FORM

Please mail the completed and signed Funding Reconciliation Form to:

Chemistry Consulting Group Inc.
WTI Program
400-1207 Douglas Street
Victoria, B.C. V8W 2E7

If you have any questions, please call: **1 877 365-5757**

Information collected in this application form is collected under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and is subject to all of the provisions of that *Act*. The information collected will be used for the administration of the Strategic Training and Transition Fund program for which you have applied. If you have any questions concerning the collection, use or disclosure of this information, please contact the Director of the Labour Market Agreement at (250) 952-0642.

SAMPLE PARTICIPANT INTAKE FORM



**Workplace Training for Innovation Program
Participant Intake Form**

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS ON THE FORM.
THANK YOU.

Employer: _____

Your Name:	_____	_____	_____
	First Name	Middle Initial	Last Name
Date of Birth:	____/____/____		
	Day / Month / Year		
Mailing Address:	_____		
	Street Address		
	_____		_____
	City / Town		Postal Code
Email Address:	_____		
Phone Numbers:	Home (____) _____	Alternate (____) _____	
Community you live in (if different than your mailing address):	_____		

1. What is your first day of training: _____
Day / Month / Year
2. Gender: Male Female
3. Are you Aboriginal Person? No Yes
If yes, please check one:
 First Nations
 Métis
 Inuit
4. Are you an Immigrant? No Yes
If yes, how many years have you been in Canada? _____ years.
5. Are you a Person with a Disability? No Yes

SAMPLE PARTICIPANT INTAKE FORM

6. What is the highest level of education you've attained: (please check one)
- Less than high school
 - High School diploma or recognized equivalent
 - Some post-secondary
 - Non-university certificate or diploma such as a trades certificate
 - University - Bachelor's Degree
 - University - Above Bachelor's Degree
7. How many hours do you typically work in a week?
_____ hours
8. What are your approximate gross earnings per hour (i.e. before taxes and deductions are taken)? This includes any tips and commissions.
\$_____ per hour
9. Which industry is your current job in? _____
-

My signature below means:

- I have answered all questions on this form and certify that all information I have provided is complete and accurate
- I understand the Province of British Columbia receives funding for this program from the federal government as a result of the Strategic Training and Transition Fund.
- I understand that information I have provided on this form or that has been collected about me during my participation in this program will be forwarded to the Ministry of Advanced Education and Labour Market Development who is the provincial oversight for British Columbia's allocation of the Strategic Training and Transition Fund.
- I understand the Ministry of Advanced Education and Labour Market Development is responsible for fulfilling reporting obligations associated with the Strategic Training and Transition Fund; however, no personally identifiable information about me will be exchanged with the federal government to fulfill this requirement.
- I consent to being contacted by the Ministry of Advanced Education and Labour Market Development (or its agent) at intervals and up to 12 months after completion of my participation in this program for the purpose of program evaluation.

Collection and Use of Information. All information is collected pursuant to section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for administrative and evaluation purposes of this program. If you have any questions about the use of this information, contact the Director of the Labour Market Agreement, Ministry of Advanced Education and Labour Market Development, (250) 952-0642

Signature: _____ Date: _____

Print Name: _____

SAMPLE PARTICIPANT INTAKE FORM

Definitions:

First Nations: Officially called Indians in the Indian Act, this term refers to the indigenous peoples of North America located in what is now Canada, and their descendents, who are not Inuit or Métis.

Métis: Métis means a person who self-identifies as Métis, is of historic Métis Nation Ancestry and is accepted by the Métis Nation. Métis people identify themselves, and are recognized, as distinct from First Nations (Indian), Inuit or European descendants.

Inuit: The Inuit are the Aboriginal inhabitants of the North American Arctic.

Immigrants: Persons who were foreign born and have been permitted by immigration authorities to live in Canada permanently.

Persons with Disabilities: Persons who have difficulty with daily living activities or have a physical condition or other health problem that reduces the kind or amount of activities they can do.

Less than High School: Persons not recognized as having completed a high school diploma or recognized equivalent and who do not have diplomas or certificates recognized in the BC labour market.

High School: Persons who have completed a high school diploma or equivalent (e.g. General Equivalency Diploma).

Some Post Secondary Education: Persons who have some post secondary (i.e. post secondary program incomplete).

Non university certificate or diploma such as a trades certificate: Persons who have a non university certificate or diploma from a community college, school of nursing, etc. or a trades certificate or diploma from a vocational or apprenticeship training.

University - Bachelors Degree: Persons who have completed university and hold a bachelor's degree.

University degree - Above Bachelor's Degree: Persons who have completed university and hold a Master's degree or PHD.

Industry: The category describing an organization's primary business activity. For example: mining, fishing, construction, etc.

SAMPLE PARTICIPANT EXIT FORM



**Workplace Training for Innovation Program
Participant Exit Form**

PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS ON THE FORM.
THANK YOU.

Employer: _____

Your Name: _____ First Name Middle Initial Last Name
Date of Birth: ____/____/____ Day / Month / Year
Mailing Address: _____ Street Address
_____ City / Town Postal Code
Email Address: _____
Phone Numbers: Home (____) _____ Alternate (____) _____
Community you live in (if different than your mailing address): _____

1. What is your last day with the program: ____/____/____
Day / Month / Year
2. Did you leave the training early (i.e. before completion)?
 Yes
 No
3. Did your participation result in any training certificates (trade ticket, diploma, etc)?
 Yes (please specify) _____
 No
4. Do you expect your hours of work to change as a result of participation in this training?
 Yes
 No
If yes, how will they change? Increase Decrease by _____ hours

SAMPLE PARTICIPANT EXIT FORM

5. Do you expect your gross weekly earnings to change as a result of participation in this training?

Yes

No

If yes, how will they change? Increase Decrease by \$_____ /hour

6. Are you satisfied with the training that you participated in?

Yes

No

Comments:

My signature below means:

- I have answered all questions on this form and certify that all information I have provided is complete and accurate
- I understand the Province of British Columbia receives funding for this program from the federal government as a result of the Strategic Training and Transition Fund.
- I understand that information I have provided on this form or that has been collected about me during my participation in this program will be forwarded to the Ministry of Advanced Education and Labour Market Development who is the provincial oversight for British Columbia's allocation of the Strategic Training and Transition Fund.
- I understand the Ministry of Advanced Education and Labour Market Development is responsible for fulfilling reporting obligations associated with the Strategic Training and Transition Fund; however, no personally identifiable information about me will be exchanged with the federal government to fulfill this requirement.
- I consent to being contacted by the Ministry of Advanced Education and Labour Market Development (or its agent) at intervals and up to 12 months after completion of my participation in this program for the purpose of program evaluation.

Collection and Use of Information. All information is collected pursuant to section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information provided will be used for administrative and evaluation purposes of this program. If you have any questions about the use of this information, contact the Director of the Labour Market Agreement, Ministry of Advanced Education and Labour Market Development, (250) 952-0642

Signature: _____ Date: _____

Print Name: _____