



Primary sponsoring contact (First and last name)

Position of primary sponsor (For example steward, union representative, manager, etc.)

Sponsor's address (Agency or union address)	City	Postal Code
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Primary sponsoring contact email	Telephone Number
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**1. The bargaining unit employees who will participate in this training are members of which union(s)?**  
 B.C. General Employees' Union (BCGEU)    Canadian Union of Public Employees (CUPE)    Hospital Employees Union (HEU)  
 Health Sciences Association of BC (HSA)    Labourers' Union Local 1611 (LIUNA)    Christian Labour Association of Canada (CLAC)    United Steelworkers (USW)  
 United Food and Commercial Workers (UFCW)    BC Nurses Union (BCNU)    Not sure

**2. Who are the bargaining unit employees participating in this training employed by?**  
 Agencies must be covered by one of the community social services collective agreements: Community Living Services, General Services or Indigenous Services.

**3. Why are you applying for LAEF funding?**  
 We have received lay-off notices due to funding cuts, programme closure, restructuring or re-organization.  
 We have been displaced (bumped) in a re-organization, restructuring or placement process.    We want to enhance our skills for our current jobs.  
 We have had our hours of work have been reduced due to a re-organization or restructuring.    We need our credentials from another country assessed.  
 We want to improve our English language skills.    Other

**4. Please explain the reasons for the application if none of the above statements apply.**

**5. What is the training, course or workshop you are seeking funding for?**

**6. What is the name of the educational institution or provider?**

**7. If the training you are applying for is provided by a BC public educational institution, please explain why you've chosen this education provider.**

**8. What is the cost of the training?** You will need to submit receipts for tuition, books, required supplies or equipment, and other fees or expenses. The Committee may also consider reasonable travel amounts.

**9. What is the start date?**  
 We can only approve costs related to training that begins on or after April 1, 2019.

**10. What is the end or conclude date?**

**11. How many bargaining unit members will participate in this training?** You will be required to provide a list of participants if this application is approved.

**12. This application is being submitted by:** Select one. Additional information may be required.  
 A group of bargaining unit members or union(s)    One or more employers    This is a joint union and employer application

**13. If this application is being submitted on behalf of a group of employees or union(s), please provide the name and contact details for the appropriate union representative(s).**  
 Name(s), number(s), email(s)

**14. If this application is being submitted on behalf of an employer or group of employers or is a joint union and employer application, it must be endorsed by the union co-chair of joint labour management committee(s). Please provide the name and contact details for the appropriate union representative(s). Select one. Additional information may be required.** Name(s), number(s), email(s)

By answering 'Yes' below, you confirm the following:  
 - I consent to the terms of this application; and  
 - I swear that all the information provided is correct; and  
 - I consent to the use of my name and/or photograph to be used in LAEF promotion and communication; and  
 - I will participate in an evaluation survey of the LAEF.

Do you agree to the above statements?  
 Yes, I agree    No, I do not agree