



**Joint Community Social Services**  
**Labour Adjustment & Education Fund (L.A.E.F)**

*Please use ink and print clearly.*

**Section A. Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

1. I am a member of (union): \_\_\_\_\_

2. My employer is: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work telephone: \_\_\_\_\_

3. I am a  regular full-time  regular part-time  casual employee  awaiting recall

4. I have successfully completed my probation period.  Yes  No

*Reason for application. Check applicable boxes.*

5.  I have been laid off from my job.

a. Date of layoff: \_\_\_\_\_

b. Reason for layoff: \_\_\_\_\_

c. Name of employer at time of layoff: \_\_\_\_\_

- 6.  I am accepting a voluntary layoff to prevent someone else from being laid off.
- 7.  My work hours have been significantly reduced.
  - a. My weekly average work hours have been reduced from \_\_\_\_ to \_\_\_\_ hours.
- 8.  Other, Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section B. My education proposal**

1. Name of course(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Name of educational institution: \_\_\_\_\_

3. Course start date: \_\_\_\_\_

4. Course end date: \_\_\_\_\_

5. Budget:

<i>Expenses</i>	<i>Amount</i>
Tuition	
Books	
Other fees*	
Other expenses*	
<b>Total</b>	

\* Please explain other fees and other expenses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Why do you want to take this course?  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE:** If you receive money from this Fund, and you received Employment Insurance (EI) as a result of your layoff, EI may attempt to recover the monies they paid to you. Please contact your local EI office for further details.

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**Section C. Privacy declaration and signature**

**I understand that:** The purpose of the Joint Community Social Services Labour Adjustment and Education Fund is workforce development which will benefit the employer.

**I declare that:** The information that I have provided in this application form is, to the best of my knowledge, correct and complete.

**I agree that:** I may be asked to repay some or all of the monies if I fail to complete a course or courses without justification.

**I recognize that:** If I receive money from the Joint Community Social Services Labour Adjustment and Education Fund, and I have received Employment Insurance (EI) as a result of a layoff, EI may attempt to recover the monies paid to me. (Please contact your local EI office for further details.)

**I understand that:** The information I have provided will be used to determine my eligibility for funding from the Joint Community Social Services Labour Adjustment and Education Fund.

**I agree that:** By signing below I give permission for the exchange of information between The Fund, my employer, educational institutions, and other funding sources for the sole purpose of verifying and/or investigating information in this application and related documents.

**I agree that:** I will participate in a follow-up survey to help the Joint Community Social Services Labour Adjustment and Education Fund Committee determine the success of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section D. Application Checklist**

*Have you:*

- Filled out this application in full and signed it?
- Attached your confirmation of course completion or acceptance?
- Attached receipts where applicable?
- Made a copy of this application for your records?

**Section E. Submitting your application**

*Submit this application no later than August 29, 2012 to:* Joint Community Social Services Education Fund  
c/o L.A.E.F  
4911 Canada Way  
Burnaby BC V5G 3W3  
laef@bcgeu.ca

Facsimile: 604-294-6030 / 1-800-946-0244