



Application Form

Complete this form if you are a facilities member and have been laid off or bumped due to contracting out. For more information, also see the *Overview of Joint Re-training Fund Criteria and Frequently Asked Questions*.

Complete this form in ink (please print) and ATTACH the following:

A copy of your notice of displacement and Employer Displacement Option Selection Form

– AND –

Proof of *acceptance* or *registration* for the re-training program/course.

– OR –

Confirmation of being on a waitlist for the re-training program/course.

SECTION A: Applicant Information (PLEASE PRINT CLEARLY)

Last Name:

First Name & Initial(s):

All correspondence will be mailed to this address

Street Address:

Apartment/Suite Number:

City/Town and Province:

Postal Code:

Home Phone Number (with area code):

Cell/Pager Number (with area code):

Work Number (with area code):

Extension/local:

Email Address:

SECTION B: Course/Program Information

All applicants:

Name of School:

Course Hours per Day:

Course Name (and number):

Course Days per Week:

Course Start Date (yy/mm/day)

Course End Date (yy/mm/day)

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Have you been accepted into a course? Yes No (attach proof of acceptance)

Are you on a waitlist? Yes No Projected start date: _____

Distance Education Applicants Only:

Is a practicum required? Yes No

Practicum Hours per Day: _____

Practicum Days per Week: _____

Practicum Start Date (yy/mm/day)

Practicum End Date (yy/mm/day)

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SECTION C: Course Costs

Course Costs:

Tuition: \$ _____

Books/Materials: \$ _____

Total Course Costs: \$ _____

Terms and Conditions:

*** Important: please read and sign below*

The information on this application is *confidential* and will only be used to determine eligibility for, and the payment of, an amount from the *Joint Re-training Fund*. By completing and signing this Application Form,

1. **I agree** to have my personal information collected and used for this specific purpose.
2. **I agree** that if I do not complete this application honestly and completely, I may lose, in whole or in part, my claim to a payment.

Please complete in INK:

Signature of Applicant: _____

Print Name: _____

Date Signed: _____

Keep a copy of this form for your records.

Mail the original, completed Application Form and supporting documents to:

**JOINT RE-TRAINING FUND
c/o 5000 North Fraser Way
Burnaby, B.C. V5J 5M3**