North Vancouver Island Aboriginal Training Society

APPLICATION FOR TRAINING

PROJECT BASED TRAINING AND PURCHASE OF TRAINING

EMPLOYER (FULL NAME)			
MAILING ADDRESS			
CITY/TOWN	**POSTAL CODE**	**PHONE**	**FAX**
PLEASE CHECK APPROPRIATE TYPE OF PROPOSAL: **PROJECT BASED TRAINING** **PURCHASE OF TRAINING**		**PLEASE INDICATE TYPE OF FUNDS:** **CRF** **E.I.** **CRF & EI MIX OF FUNDS**	**NUMBER OF TRAINEES:**
NAME OF CONTACT PERSON		**PHONE**	**FAX**
LOCATION OF ACTIVITY			

REQUESTED FINANCIAL CONTRIBUTION

STAFF POSITIONS	NUMBER	HOURS PER WEEK	WEEKS	TOTAL HOURS	HOURLY WAGE	REQUESTED CONTRIBUTION
					Total Wages	

BENEFITS COSTS	WCB Rate x 1.04 + Employer's EI Rate + CPP Rate (if applicable) + 4% Holiday Pay = _____% WCB employer Number:_____ Rate x Wages =			
OVERHEAD COSTS (attach detailed list)				
TRAINING COSTS (attach detailed list, eg., tuition, texts, classroom supplies)	PUBLIC INSTITUTION COURSE FEES			
	NON PUBLIC INSTITUTION COURSE FEES			
	COSTS OTHER THAN COURSE FEES			
SPECIAL COSTS (attach detailed list)				
ALLOWANCES PERSONAL SUPPORTS IF APPLICABLE				
DURATION OF ACTIVITY	FROM D M Y	TO D M Y	**TOTAL CONTRIBUTION REQUESTED**	

Signature **Position** **Date**

PLEASE ATTACH DETAILS ON YOUR TRAINING PLAN, INCLUDING:

- TIMETABLE
- COURSE CONTENT
- WORK EXPERIENCE FOR PARTICIPANTS IF APPLICABLE
- OTHER SUPPORTING DOCUMENTATION