



## TRAINING PROPOSAL/WORK PLAN

**NOTICE: An application must be approved by Gezhtoojig before you start training.**

**Company Legal Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax :** \_\_\_\_\_

**Revenue Canada Taxation Number:** \_\_\_\_\_

**In Business Since:** \_\_\_\_\_ **Number of Employees:** \_\_\_\_\_ **Union:** No [ ] Yes [ ] **Local #:** \_\_\_\_\_

**Legal Signing Officers:**

**Title:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*\* NOTE: Employer must have WSIB or equivalent insurance policy number or we cannot fund \*\***

**Workplace Safety and Insurance Board Status:** [ ] Registered [ ] Non-registered

**Firm Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Funds from Other Sources:**

Are you receiving financial assistance for this work experience from any other agency or program?

- ☐ Yes If yes, what is the source and what amount? \_\_\_\_\_
- ☐ No

**Layoffs:**

I certify that in creating this work experience, the employer has not laid off and will not lay off any employee. I certify that no previous employee eligible for recall will be denied recall because of this work experience.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Proposed Candidate:**

Candidate Name: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax : \_\_\_\_\_

How did you recruit and select this person? \_\_\_\_\_

Will you be hiring or training any other staff? \_\_\_\_\_

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**Is this an apprenticeship?** [ ] Yes [ ] No**JOB OPPORTUNITY:**

Job Title: \_\_\_\_\_

Total Hours per week: \_\_\_\_\_ Between the hours of \_\_\_\_\_ (am/pm) and \_\_\_\_\_ (am/pm)

Weekend Work: [ ] Yes [ ] No Saturday: From: \_\_\_\_\_ To \_\_\_\_\_ Sunday: From: \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay for this position is: \$\_\_\_\_\_/hour Number of Weeks to Train this position is: \_\_\_\_\_

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**Is it your intention to provide ongoing employment to the participant after the subsidized training period?**☐ Yes☐ No

Comments: \_\_\_\_\_

**In the space provided below, describe in detail the following Activities/Duties to be introduced during the training period and include the approximate duration (attach additional sheet if necessary).**

DUTIES/SKILLS	TIME FRAME (WEEKS)
- - - - - - - - - - - -	