

Application Form

For office use only -

Date Application Received (mm/dd/yy):

APPLICATION CHECKLIST

- I have read and completed the application in full. (Incomplete applications will not be accepted).
- I have included the WorkSafeBC clearance letter (unless not yet covered by WorkSafeBC).
- My co-op job placement has been approved or I have confirmed that my coop job placement is eligible to be approved by an accredited co-op education program.
- An authorized representative of the organization has signed the application. (Unsigned applications and digital signatures will not be accepted).

ATTENTION: Mac and mobile device users

Some interactive form features are not fully supported in PDF viewers like MAC Preview. For example, form calculations and character limits. Please ensure you have the latest version of Adobe Reader compatible with Mac. This free software comes in both PC- and Mac-compatible versions and you can download it at get.adobe.com/reader. Interactive PDF forms have been tested for compatibility with Adobe Reader 9 and higher. For more troubleshooting information, see [Fillable Form Help](#).

HOW TO APPLY

1. Read the Program Guide here: ourtrust.org/schoolworks
2. Complete this application form in full.
3. Questions? Call or email us at 1.250.489.2751 ext.3584 or schoolworks@cbt.org
4. Submit your application by email to schoolworks@cbt.org
5. You will receive an email confirming receipt of your application.

*If email isn't an option, you can submit your application by mail, courier or fax:

Mail/Courier: School Works Program
College of the Rockies
Main Campus
2700 College Way
Cranbrook, BC V1C 5L7

Fax: 1.250.489.0800

APPLICATION DEADLINE

We are currently accepting applications. We assess the applications as they come in, and continue until the Program funds have been committed.

Section 1: Applicant Information

Organization Information

Organization Name: _____

Organization Legal Name (if different from above): _____

Organization type:

Private Business First Nations Org. Public Body Non-profit

CRA Business Number: _____

Date organization was established: _____

Brief Description of the organization:

Contact Information

Organization Mailing Address

Address: _____

Community: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Email: _____ Website: _____

Job Location

Location where the apprentice will be working (if different from above):

Address: _____ Phone Number: _____

Community: _____ Province: _____ Postal Code: _____

Primary Contact Information

Primary Contact Name: _____

Phone Number: _____ Email: _____

Insurance & WorkSafeBC Coverage

Do you have General Commercial Liability Insurance?

- Yes No

Amount of Coverage: _____

Do you have WorkSafeBC Coverage?

- Yes No

Account Number: _____

- I have obtained and submitted a WorkSafeBC Clearance Letter with this application. Click [here](#) to request a Clearance Letter from WorkSafeBC

Please Note: Applicants will be required to demonstrate WorkSafeBC coverage is in place prior to the Apprentice starting work.

Services

Small Businesses – Please select the category that most closely reflects your services.

- | | | |
|--|--|---|
| <input type="checkbox"/> Service | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Health Related |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Construction/Contractors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospitality/Tourism | <input type="checkbox"/> Forestry/Mining | |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Agriculture/Food Products | |

Non-profit, Public Bodies and First Nations – Please select the category that most closely reflects your services.

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Social service | <input type="checkbox"/> Tourism/recreation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Economic development | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Arts/culture/heritage | <input type="checkbox"/> Other |

Section 2: Co-op Job Placement Information

Will you be able to hire a co-op student if you do not receive School Works: Co-op Wage Subsidy funding?

Yes

No

Will this position displace a current employee?

Yes

No

How will hiring a co-op student benefit your organization?

How will the co-op student be supervised?

Have you had your job posting approved by an accredited co-op education program in Canada?

Yes

Approval is in progress

Not yet

Please attach the following:

Co-op Placement Job Description

Confirmation of Approval from an Accredited Co-op Education Program

Co-op student hours and wages

Hourly wage for this position:

Does this wage reflect the market rate for similar positions?

Yes

No

If no, please explain:

Anticipated Start Date:

Anticipated End Date:

Maximum Subsidy and Employer Costs Calculation

* Please enter the Max Hours Required.
The rest of this section will auto-calculate based on
your entries above.

	Max Hours Required:	Hourly Rate:	Total:
Co-op Wage Subsidy Requested:		\$8	
Employer Wages Committed:			

Please note: This is an estimate. Actual funding will be calculated based on the individual co-op program hours required to complete their program requirements.

Section 3: Additional Information

How did you hear about the School Works: Apprentice Wage Subsidy program?

- | | | |
|--|--|--|
| <input type="checkbox"/> Trust staff | <input type="checkbox"/> Newspaper article/story | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Trust Website | <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Social media (Facebook, Twitter, Instagram) |
| <input type="checkbox"/> Email or BASINLink e-newsletter | <input type="checkbox"/> Online advertisement | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Radio advertisement | |

Section 4: Declaration

Date (mm/dd/yy):

I _____ am authorized to submit this application on behalf of the applicant organization and declare that:

- a) I have read and understood the information in this application and the School Works: Apprentice Wage Subsidy Application Guide.
- b) The information I have provided in this application is true, accurate and complete in every respect.

I acknowledge that:

- c) If any of the information described above is false or misleading, the applicant may be required to repay some or all of the financial assistance that may be approved by the College of the Rockies.
- d) The College of the Rockies, Columbia Basin Trust and its agents shall not be obligated in any manner to any applicant whatsoever and reserve the right to fund all or none of any application submitted.
- e) By submitting this application, I hereby acknowledge that the College of the Rockies and Columbia Basin Trust may disclose this application, and the information contained herein—including but not limited to name, location and the amount and nature of any related funding—to the public, individuals or any other entity to the extent allowed by the Freedom of Information and Protection of Privacy Act (FOIPPA).
- f) I further agree that the College of the Rockies and Columbia Basin Trust may proactively disclose to the public my name and location and the amount and nature of funding granted.
- g) Any questions regarding such may be directed to: FOIPPA Inquiries, Senior Manager, Information Services, Columbia Basin Trust, 300–445 13 Avenue, Castlegar, BC, V1N 1G1, 1.800.505.8998.