



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*	
Total	

* Please explain other fees and other expenses: _____

6. Why do you want to take this course?

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?
- Statement of Expense – signed with receipts attached

Section E. Submitting your application

Joint Community Social Services Education Fund
c/o L.A.E.F
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Burnaby BC V5G 3W3

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Facsimile: 604-291-6030 / 1-800-946-0244