Financial Assistance Application

Employment Retention Support (C1) - ETSC

For administration use only
File number:

Employer	
Name of company/organization	Address
Province	Postal code
Name of contact person	Telephone no.
Email	

Training program title		
Start date	End date	
Training program cost	Cost, material and supplies	Enrollment fee
Describe content of training (attach course syllabus and proof of enrollment)		

Participant identification				
Last name, First name	Permanent address		Apt. #	City
Province		Postal code		Telephone no.
S.I.N.		Gender	Date of birth	Band no.
Do you have a disability? Yes ☐ No ☐ If so, briefly describe the type of disability: Do you require any workplace accommodation?			Email address	

Identification of training institution		
Name of institution	Address	
City	Province	Postal code
Name of contact person	Email address	Telephone no.

_____   _____

Employer signature   Date