[ ]  **New Employee or** [ ]  **Employee Career Advancement**

**Section 1: Employer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business |  | DBA (if any) |  |
| Name of Contact Person |  | Title |  |
| Phone Number |  | Email |  |
| Mailing Address |  |
| Physical Address (if different) |  |
| Business Registration No. |  | Worksafe Account No. |  |

**Section 2: Job Description**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Participant |  | Phone |  |
| Mailing Address |  |
| Job Title |  | Email |  |
| Main duties |  |
| Accommodations Requested by the Participant (if applicable):  |
| WorkBC/Community Partner Referral (if applicable) |  |
| Name of WorkBC/Community Case Manager |  |
| Phone |  | Email |  |

**Section 3: Financial Request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposed Start Date | Proposed End Date | No. of weeks | Hours per Week | Hourly Rate | **Rate per Hour subsidized by OF** |
|  |  |  |  |  | **Determined by BCCFA** |
| Additional Costs (Adaptive equipment, uniform, etc). |  |

* Are there any employees on lay/off and/or waiting notice of recall? Yes [ ]  No [ ]
* Will the subsidy result in the displacement of existing employees or volunteers? Yes [ ]  No [ ]
* Is/are the potential employee(s) an immediate family member of the employer (e.g. spouse, child, parent, brother, sister)? Yes [ ]  No [ ]

Note: Employer is typically reimbursed between **$12 to $15 per hour** of participant wages for up to 40 hours per week. Opportunities Fund does not cover Vacation, MERCs or Worksafe, overtime pay and statutory holiday pay (if paid out as a percentage). Reimbursement will be based on hours worked and agreed upon rate per hour subsidized by Opportunities Fund, which will be determined using submitted claim form pay stubs (or a combination of time sheets and proof of payment). Note that time sheets or employee schedule is required for the first and last claim form submissions.

**Section 4: Additional Information**

|  |
| --- |
| 1. Why does the employer need a wage subsidy? (Check all that apply)
 |
| [ ]  Employer is willing to provide accommodation for the employee’s disability[ ]  Employer is willing to provide additional supervision and training[ ]  Employee lacks formal training and credentials for the job[ ]  Employee has a considerable time gap in work history |
| 1. Are there any additional training courses that the employee needs in order to perform well for the work experience or to participate in the ‘Career Advancement Plan’?
 |
|  |
| 1. Is the employer committed to continuing employment after the wage subsidy?
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|  |
| 1. If the employer is supporting a current employee with ***career advancement***, what will be the new job title and main duties?
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|  |

**Section 5: Employee (Participant) Consent to Release and Obtain Information**

I declare that the information given in this application, for the purpose of participation in a wage subsidy or skills training is true to the best of my knowledge. I further authorize Service Canada and BC Centre for Ability to confirm the attached information by contacting any of the individuals or organizations listed in my application. I also hereby authorize the BC Centre for Ability to release and obtain information regarding myself to/from the following including **Referring Agency, Employers (both current and potential), Schools, Parent, Guardian or Legal Representative\*\*:**

|  |  |
| --- | --- |
| Agency Name: |  |
| Employer Name: |  |
| \*\*Employee Signature: |  | Date: |  |

\*Please note: This information will be used for the purpose of vocational planning and evaluation of requests for funding. All information shared will be kept confidential except where consent has been granted in writing to exchange with third parties. \*This consent is valid until completion of services with BC Centre for Ability, or until consent is revoked in writing by either party. \*\* If signing on behalf of the Participant, please indicate relationship.