

Early Childhood Education Training Grant Program

Application form

Applicants must demonstrate that they:

1. are currently employed in an approved Early learning and child care facility in New Brunswick;
2. completed eligible courses after January 1, 2007;
3. are not receiving 100% funding from: Employment Insurance, Post-Secondary Student Support Program (PSSSP) or their employer for these courses;
4. have paid for the course tuition fees in advance. Funds will only be paid once the applicant has provided the Early Childhood Education Training Grant Program with proof of successful completion, a receipt providing the cost of tuition and proof of employment in an approved Early learning and child care facility in New Brunswick;
5. completed the courses at a New Brunswick training institution recognized by the Department of Education and Early Childhood Development.

Educator Information

Name:					
Mailing Address:	Civic Address or PO Box	Apt.	City	Province	Postal Code
Daytime Phone:			Evening Phone:		
E-Mail:					
Preferred Language of Communication:	<input type="checkbox"/> French		<input type="checkbox"/> English		

Current Employment

Are you currently employed in an approved Early Learning and child care facility in New Brunswick (the facility has a license from the Department of Education and Early Childhood Development)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please continue with this application. If NO , you are not eligible for funding under the Early Childhood Education Training Grant Program.		
Name of Early Learning and child care facility:		
Address of Early Learning and child care facility:		
How long have you been employed in the child care sector?		

Course Information

Was this course part of the Early Childhood Education Certificate or Diploma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , please continue with this application. If NO , you are not eligible for funding under the Early Childhood Education Training Grant Program.		
Name of recognized training institution:		
Address of training institution:		
Name of course:		
Course start date:		Course end date:
Tuition cost of course:		
Was this course being taken:	<input type="checkbox"/> During the day time <input type="checkbox"/> Via correspondence or online <input type="checkbox"/> In the evening <input type="checkbox"/> In class (for example one week full-time) <input type="checkbox"/> Weekends <input type="checkbox"/> In class (summer)	

Financial Information

Have you receiving funding for this course from:		If YES , please state the amount of funding received in the space below
Employment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post-Secondary Student Support Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer (if yes please complete pg. 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If NO , please continue with this application.		

Declaration

I declare that:

- The information in this application is complete and accurate.
- I am aware that this funding is only available if I successfully complete the course and provide the Early Childhood Education Training Grant Program with proof of successful completion. The Department may confirm the grade with the training institution.
- I am aware that all costs associated with this course must be paid in advance and that I will be reimbursed only after I have successfully completed the course.
- I am aware that reimbursement from the Early Childhood Education Training Grant Program is for 100% of eligible course fees up to a maximum of \$3,000 per person.
- I am aware that eligible applicants will receive a tax receipt (T4A) for the funding amount and therefore my Social Insurance Number must be provided before any funds are distributed.

Further, I am aware that:

As part of the application assessment process, information contained in this application will be shared with the Department of Education and Early Childhood Development. Further, the Department may verify my employment status with either the Early learning child care facility provided in Section 2 of this application. The Department may also verify if funding was received from other GNB Departments to cover the tuition fees.

Printed Name :		Social Insurance Number:	
Signature:		Date:	

The following documentation must be included with the application:

- ❑ **Proof of completion of the course or certificate** - A transcript with the course mark or a photocopy of the ECE Certificate or ECE Diploma.
- ❑ **Proof of employment** – Either a letter stating your employment OR a pay stub from an a licensed Early learning child care facility in New Brunswick.
- ❑ **Proof of payment** - An invoice or statement from the college stating the exact amount of the tuition fees. A Tuition, Education and Textbook Amounts Certificate from the Canada Revenue Agency will also be accepted. Only tuition fees will be considered.

Applications must be mailed to:	Early Childhood Operational Support Services Team Place 2000, 250 King Street Fredericton, New Brunswick E3B 9M9 Telephone: 1-833-221-9339 E-mail: ECETRP-PRFSEPE@gnb.ca
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Employer Paid ECE Tuition Fees

An applicant who received funding from his or her employer (either past or current) must state below the amount of funding paid by both parties.

If an **employer** is applying for reimbursement of ECE tuition fees paid on behalf of an employee (either past or current) then an application form must be submitted by the individual who completed the training. This form must be signed by both the employee and the employer.

The maximum amount of funding available is \$3,000 per person.

When the paid ECE tuition fees have been shared by both the employee and the employer then the Early Childhood Education Training Grant Program will reimburse the employee first up to a maximum of \$3,000. If the employee is reimbursed less than \$3,000 then the employer is eligible to apply for the balance. For example:

- Tuition fees are **\$2,600** divided equally by the employee and employer. The employee would receive \$1,300 and the employer would be eligible for \$1,300.
- Tuition fees are **\$5,000** and are paid only by the employer. The employee would receive \$0 and the employer would be eligible for \$3,000.
- Tuition fees are **\$10,000** divided equally by the employee and employer. The employee would receive \$3,000 and the employer would not be eligible for reimbursement.

If you received any funding from your employer, then the following information must be provided:

Cost of ECE Certificate or ECE Diploma (tuition only):			
Amount paid by employee:		Amount paid by employer:	
Early learning and child care facility name:			
Employer (Operator, director or Administrator) contact name:			
Employer contact telephone number:			

Employer name – please print

Employee name – please print

Employer name – please sign

Employee name – please sign

Date

Date