

Application for Job Trainer Support

Please indicate the type of request:

Request for Job Trainer Support Purchase Support Agreement PRS - Student Initiative

Client's Name:	File #:
Date of Birth: _____/_____/_____ Year(Y)/ Month(M)/ Day(D)	SIN

Request Status:

New

Continuation (1) Period(s) previously supported:

From _____/_____/_____
Year(Y)/ Month(M)/ Day(D) To _____/_____/_____
Year(Y)/ Month(M)/ Day(D)

From _____/_____/_____
Year(Y)/ Month(M)/ Day(D) To _____/_____/_____
Year(Y)/ Month(M)/ Day(D)

(2) Progress Report Attached: _____

Reason for Job Trainer Support:

Proposed Placement Site:

Department of Human Resources, Labour and Employment
Career, Employment and Youth Services

Proposed Job Description:

Anticipated Duration of Support (for this request): _____ Weeks

Anticipated Start Date: _____/_____/_____
 Y / M / D

Cost Estimate:

Rate/Hour	Hours/Week	Benefits	# Weeks	Total

Administration Agency

(Placement Coordinator)

Remainder of Form to be completed by HRLE Representative.

Special Consideration:

Recommended/Not Recommended

CSO/CDS

Date

Approved/Rejected

Program Supervisor/CEYS Manager

Date