

## FUNDAMENTALS IN FIBERGLASS LAMINATION FOR THE BOAT BUILDING INDUSTRY

This program consists of Job Readiness training, hands on Technical Training in Fiberglass lamination on the job training with various Prince Edward Island boat builders.

The technical training will involve various aspects of basic lamination including but not limited to; personal safety, resins, how and where fabrics are used, core materials, mold preparation, tool use from lamination to de-molding, trim and bonding.

The training program will run **May 2, 2016 – July 29, 2016**



### APPLICANT INFORMATION

Name:		
Last Name:	Middle Name	Phone:
Current address:		
Community/City:	Province:	Postal Code:
Date of Birth:	Email Address:	
CITIZENSHIP		
Are you a Canadian citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	How long?	
Preferred Language? English <input type="checkbox"/> French <input type="checkbox"/>	Are you a member of an Aboriginal Group? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please specify if you consider yourself to be a member of one of the following priority groups.	Immigrant <input type="checkbox"/>	Visible Minority <input type="checkbox"/>
	Youth <input type="checkbox"/>	Person with Disabilities <input type="checkbox"/>
	Woman <input type="checkbox"/>	Older Worker <input type="checkbox"/>
ELIGIBILITY		
Have you applied for or are you currently in receipt of Employment Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an Employment Insurance claim that ended in the past 36 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had an Employment Insurance claim (maternity or parental) that began within the last 60 months for which benefits were paid and are you re-entering the work-force after having left it to care for a new born or adopted child (ren)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently employed? If yes, how many hours per week? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If employed, are you requesting authorization to quit your employment to participate in this program? If yes, complete and attach the "Request for Authorization to Quit Employment" form and supporting documentation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received any previous funding under programs administered by the Government of Prince Edward Island or Human Resources and Skills Development Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EDUCATION		
Highest Grade Completed: _____	Year Completed: _____	Province/Country: _____
Were you attending school full-time during the last academic year? Yes <input type="checkbox"/> No <input type="checkbox"/>		

List all other training and/or courses (degrees, trade licenses, diplomas, certificates) you have attended.

Name of Course/Program	Name of Institution	Year	Completed		Was this program funded by the Government of PEI or HRSDC?	
			Yes	No	Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPPORTING DOCUMENTATION**

- Attach Resume which includes applicant's education, work, and volunteer history **OR**

List Previous Work and Volunteer Experience Here:

NAME OF APPLICANT (PLEASE PRINT):

SIGNATURE OF APPLICANT:

DATE: