

# Training Grant Application



## Family Services

Manitoba Early Learning and Child Care  
219-114 Garry Street, Winnipeg, Manitoba, Canada R3C 4V6

Child Care Information Services  
Phone: 204-945-0776 Toll free: 1-888-213-4754  
[www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)

Applicant (choose one):

☐ Home (Licensee or Resident Licensee)

☐ CCA

☐ ECE II

Eligible applicants must be employed by: licensed non-profit child care centre, or licensed family or group child care home in order to receive this Training Grant

The Training Grant is paid to the facility on behalf of each eligible applicant to a maximum amount per calendar year:  
\$350.00 for courses completed before December 31, 2014; \$400.00 for courses completed after December 31, 2014.

For accuracy and efficient processing time, it is preferred that the centre/licensee apply for the training grant online at [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare). Please record the online submission number on copies of all supporting documentation.

### Applicant Information – To Be Completed by the Applicant

Disclaimer: Please be aware that any changes/additions to your demographic information (names and addresses) made on this application will update any and all other files in your name at the Manitoba Early Learning and Child Care office (e.g. qualifications, subsidy, licensing, etc.).

#### Full and complete legal name:

\_\_\_\_\_

Last name

\_\_\_\_\_

First name

Middle name

#### Previous name(s):

Last name

First name

Middle name

Last name

First name

Middle name

#### Mailing address:

PO/Box # and Group #; building name; civic or municipal address etc.

City/Town/Municipality

Province

Postal Code

Phone

E-mail

#### Mail preferences:

Date of Birth:

Preferred Method of Correspondence: ☐ Mail ☐ E-mail

YYYY/MM/DD

Preferred Language: ☐ English ☐ French

### Declaration

I declare that I am enrolled in an Early Childhood Education Program in Manitoba and that all information is true and correct.

**X**

**Applicant Signature**

**Date**

### Freedom of Information and Protection of Privacy Act (FIPPA)

Your personal information is collected under the authority of *The Community Child Care Standards Act*. This information is protected under FIPPA and the personal information being collected, used and disclosed is the minimum amount of information necessary to facilitate your participation in the Department of Family Services and Manitoba Early Learning and Child Care. If you have any questions about the collection, use or disclosure of this information, please contact Manitoba Early Learning and Child Care as noted below.

Training Grant applications must be submitted within 12 months of the course start date.

### Course Information

All columns must be completed for EACH course. Applicants are required to list individual courses and the tuition fee per course (use an average of the total tuition fee if individual tuition fees are not specified on tuition receipt).

Post-Secondary Institution RRC, ACC, etc.	Program Name ECE, Studies in Special Needs, etc.	Course Name Please use full name of course, do not use course numbers or codes	Course Start Date yyyy/mm/dd	Course End Date yyyy/mm/dd	Tuition Fee per Course	# of Hours	Supporting documentation* required:
							<input type="checkbox"/> Transcript <input type="checkbox"/> Receipt
							<input type="checkbox"/> Transcript <input type="checkbox"/> Receipt
							<input type="checkbox"/> Transcript <input type="checkbox"/> Receipt
							<input type="checkbox"/> Transcript <input type="checkbox"/> Receipt
The grant is paid to the facility on behalf of each eligible applicant to a maximum amount per calendar year: \$350.00 for courses completed before December 31, 2014 \$400.00 for courses completed after December 31, 2014					TOTAL AMOUNT:		

**\*SUPPORTING DOCUMENTATION FOR EACH COURSE** (please send copies; originals will not be returned):

1. Transcript OR online printout of Credit Grade Report (include copy of student ID if only student number is listed)
2. Registration statement OR tuition fee receipt

### Facility Information – To Be Completed by the Facility/Licensee

Name of Director/Licensee:

Last name

First name

Middle name

Name of Facility:

Facility Number (list only one)

Mailing address:

PO/Box # and Group #; building name; civic or municipal address, etc.

City/Town/Municipality

Province

Postal Code

Contact information:

Phone

Fax

E-mail

### Declaration

I declare that all information being submitted is true and correct.

**X**

Director/Licensee Signature

Date

Completed applications should be submitted to:

Qualifications Unit

Manitoba Early Learning and Child Care

219-114 Garry Street

Winnipeg MB R3C 4V6

For additional information contact:

Manitoba Early Learning and Child Care

Phone: 204-945-2672

Toll free: 1-888-213-4754

Fax: 204-948-2625

Website: [www.manitoba.ca/childcare](http://www.manitoba.ca/childcare)