



Application for ECE Recruitment and Retention Grant

(see page 3 for a guide to complete this application)

Section A – Applicant Information

Last Name			Given Name			Middle Name		
Full Mailing Address (including PO Box if applicable)								
City/Town			Province			Postal Code		
Is this a Change of Address? <input type="checkbox"/> YES <input type="checkbox"/> NO								
ECE Certification # (4-digits)			SIN#			Date of Birth (YYYY/MM/DD)		
Daytime Phone #:			Email Address:					
Do you receive the ECE Graduate Bursary and sign 3-year return in service agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, what is the date of your agreement: from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD)								

Section B – Applicant Employment Verification

Name of regulated child care service you are currently working (as of the date of application): _____			
Position Held: <input type="checkbox"/> Administrator <input type="checkbox"/> ECE <input type="checkbox"/> Family Child Care Provider			
Age group (check all that apply)			
<input type="checkbox"/> Infant (birth – up to 2yr)	<input type="checkbox"/> Preschool (includes Toddler) (1yr 6mths to 5yr 9mths and not attending school)	<input type="checkbox"/> School (4yr 9mths up to 13yr and attending school)	<input type="checkbox"/> Mixed (indicate age group) _____
Dates worked during the renewal period (or start date if less than 3 years ago) from ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD)			
Have you worked a minimum of 1,440 hours over your 3-year ECE certification renewal period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Section C – Applicant Declaration (to be hand signed by the applicant)

By signing the below, I am declaring that: <ul style="list-style-type: none"> I have read the ECE Recruitment and Retention Grant Policies (ELCD-Grant-001) (www.aecenl.ca) The information on this form is complete and true to the best of my knowledge and ability, I understand that information provided on this form may be verified at any time with my employer or Government of Newfoundland and Labrador (Department of Education). <p>I understand that if I am a previous recipient of the ECE Graduate Bursary, AECENL and Government of Newfoundland and Labrador (Department of Education) will disclose and exchange details of my application and funding on file at the Department, for the purpose of administrating the ECE Recruitment and Retention Grant.</p>		
Name of person providing consent (print or type):	Signature:	Date (YYYY/MM/DD):



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Section D – Employer Declaration *(to be hand signed by the Licensee / Agent / Authorized Delegate)*

By signing the below, I am declaring that: I verify that the applicant has worked as indicated in Sections B and I understand that information regarding this individual's employment may be requested for verification at any time for evaluation/auditing purposes.		
Name of Licensee/Agent/Legal Entity (print or type):	Signature:	Date (YYYY/MM/DD):
Title of Signatory (if a corporation):	Phone:	

IMPORTANT INFORMATION

- Individuals renewing as Level 1-4 or Trainee Level with combination of other certification Levels (For example, an individual holding Level Three - School and Trainee Level – Preschool) and currently working in a regulated child care service, may be eligible to receive the Recruitment and Retention Grant.
- This grant application should be submitted no later than **six months** from your renewal certification date.

FOR OFFICE USE ONLY	
<input type="checkbox"/> 1 st Payment <input type="checkbox"/> 2 nd Payment <input type="checkbox"/> 3 rd Payment	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Comments: _____ _____	
<input type="checkbox"/> Approval / <input type="checkbox"/> Denial Letter Sent: _____ (Date) Initial: _____	
Sent for Payment: _____ (Date) Initials: _____	
Payment Approved: _____ (Date) Initials: _____ Amt: _____	
Payment Issued: _____ (Date) Initials: _____	



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ECE Recruitment and Retention Grant Application Form Guide

This form can be filled out online, however it must be printed, and hand signed. **An electronic signature is not accepted.**

Section A – Applicant Information

This section identifies you to AECENL and to the Department of Education. Be sure to print clearly and **complete all sections** as required.

Section B – Applicant Employment Verification

This section confirms your work in a regulated child care setting and will affect your eligibility for the grant.

Section C – Applicant Declaration – to be hand signed by the applicant.

This section is to declare that the information you have provided, and your application is true and complete to the best of your knowledge. *Knowingly submitting incorrect or misleading information is considered fraud and legal action may be taken.* This section must be hand signed by you to process the application. **An electronic signature is not accepted.**

Section D – Employer Declaration – to be hand signed by the applicant.

This section is to declare that the information you have provided, and your application is true and complete to the best of your knowledge. *Knowingly submitting incorrect or misleading information is considered fraud and legal action may be taken.* This section must be hand signed by you to process the application. **An electronic signature is not accepted.**

Office Use Only

This section is for AECENL's use and is **not to be completed by the applicant.**

Final Checklist before Submitting

Please ensure all sections are fully completed.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

Before applying, **please make sure that:**

- ***all*** sections are completed properly.
- Section C is completed, and hand signed by the applicant.
- Section D is completed, and hand signed by the employer (Licensee/Agent/Legal Entity).
- ***Attach the following bank information if this is your first time applying or information has changed:***
 - Direct deposit banking form or void cheque

Send the **complete** application package to AECENL.

AECENL, Attention: ECE Recruitment and Retention Grant

- By mail: P. O. Box 8657, St. John's, NL A1B 3T1
- By courier or by hand: 59 Pippy Place, Suite 2A, St. John's, NL
- By email: ecbursary@aecenl.ca

For further inquiries, please contact AECENL at:

By Phone: (709) 726-3044

By Email: ecbursary@aecenl.ca