



## ECE Recruitment and Retention Grant Verification of Employment Form

### Section A – Applicant Information

Last Name	Given Name	Middle Name
Full Mailing Address		
City/Town	Province	Postal Code
Is this a Change of Address? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CCS Certification #	SIN#	Date of Birth (YYYY/MM/DD)
Daytime Phone:	Email:	
<b>Do you have a signed 3-year return in service agreement under the ECE Graduate Bursary Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, what is the date of your agreement:</b> From ____/____/____ (YYYY/MM/DD) to ____/____/____ (YYYY/MM/DD)		

### Section B – Applicant Employment Verification

<b>Name of regulated child care service you are currently working (as of the date of application for child care services certification):</b>			
<b>Position Held:</b>	<input type="checkbox"/> Administrator	<input type="checkbox"/> ECE	<input type="checkbox"/> Family Child Care Provider
<b>Age group (check all that apply)</b>			
<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) _____
<b>Dates worked during the renewal period (not applicable for initial applicants)</b>			
from ____/____/____ (YYYY/MM/DD)		to ____/____/____ (YYYY/MM/DD)	
<b>Have you worked a minimum of 1,440 hours over your 3-year renewal period?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Initial Child Care Services Certification)			

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

<b>By signing the below, I am declaring that:</b> <ul style="list-style-type: none"> <li>I have read the ECE Recruitment and Retention Grant Policies (ELCD-Grant-001) (<a href="http://www.aecenl.ca">www.aecenl.ca</a>)</li> <li>The information on this form is complete and true to the best of my knowledge and ability,</li> <li>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).</li> </ul> <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)

<b>By signing the below, I am declaring that:</b> 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:	

FOR OFFICE USE ONLY
<input type="checkbox"/> 1 <sup>st</sup> Payment <input type="checkbox"/> 2 <sup>nd</sup> Payment <input type="checkbox"/> 3 <sup>rd</sup> Payment
<b>Comments:</b> _____ _____
<input type="checkbox"/> Approval / <input type="checkbox"/> Denial Letter Sent: _____ (Date) Initial: _____
<b>Sent for Payment:</b> _____ (Date) Initials: _____
<b>Payment Approved:</b> _____ (Date) Initials: _____ Amt: _____
<b>Payment Issued:</b> _____ (Date) Initials: _____



# ECE Recruitment and Retention Grant Verification of Employment Form

## ***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.**

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### **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.

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### **Section B – Applicant Employment Verification**

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

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### **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.**

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### **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.**

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### **Office Use Only**

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

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### **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.
- **Attach the following bank information if this is your first time applying or information has changed:**
  - Direct deposit banking form or void cheque
  - Copy of your SIN card (or printout from MyServiceCanada)
  - TD1 - hand signed (electronic signature NOT acceptable)
  - TD1NL- hand signed (electronic signature NOT acceptable)

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: [ecebursary@aecenl.ca](mailto:ecebursary@aecenl.ca)

For further inquiries, please contact AECENL at:

**By Phone:** (709) 726-3044

**By Email:** [ecebursary@aecenl.ca](mailto:ecebursary@aecenl.ca)