



TRAINING COURSE INFORMATION

Name

Social Insurance Number

You have informed us that you are attending or plan to attend a course of instruction. To be entitled to benefits, the *Employment Insurance (EI) Act* requires that you must prove that you are ready, willing and able to work each day, and that you are making efforts to find work.

In order that we may assess your claim for benefit, please answer the following questions. Not returning this form properly completed may delay your claim or disentitle you from receiving benefits.

1. Name of the Course(s)

2. Name and Address of Training Institution

3. Is this course or training program considered part-time or full-time by the educational institution?

☐ Part-time ☐ Full-time

4. Description of the Course – (Attach copy of the course description from your school, if available).

5. Level

☐ Secondary ☐ College ☐ University ☐ Correspondence ☐ Other (details)

6. Duration of Course

7 a) Date Course Starts (YYYY-MM-DD)

b) Date Course Ends (YYYY-MM-DD)

8. Course Costs (tuition, books)

9. a) Have you received a student loan or grant?

☐ Yes ☐ No

b) If yes, do the conditions of the loan or grant permit you to work?

10. Indicate the days and times you attend classes.

DAY	FROM	TO	DAY	FROM	TO
☐ Monday			☐ Thursday		
☐ Tuesday			☐ Friday		
☐ Wednesday			☐ Saturday		

11. How many hours do you spend on your studies each week? Include the time you spend in the classroom as well as time spent working on assignments, research, labs and distance learning (correspondence or internet courses).

12. Provide a telephone number where you can be reached or a message can be left during school hours.

13. At present, what is your intention? Check appropriate block below.

To find full-time work rather than take the course of instruction. ☐

To find full-time work while taking the course of instruction. ☐

To devote your time to the course of instruction rather than find work. ☐

If none of the above situations apply to you, explain in detail. ☐

14. a) Are you willing to change your course schedule in order to accept work?

☐ Yes ☐ No

b) If yes, what is the school policy and how does it affect you?

(CONTINUED ON REVERSE)

15. List the types of work you will accept while attending your course and specify your experience and salary expected in each of these occupations.

16. a) Do you usually work Monday to Friday? ☐ Yes ☐ No

b) Do you usually work during the day? ☐ Yes ☐ No

17. In what geographical area(s) are you willing to work?

18. Considering the days and times you attend classes and devote to self study, indicate the days and hours you are prepared to work.	DAY	FROM	TO	DAY	FROM	TO
☐ Monday				☐ Thursday		
☐ Tuesday				☐ Friday		
☐ Wednesday				☐ Saturday		
				☐ Sunday		

19. a) Have you made efforts to find work since deciding to attend this course? ☐ Yes ☐ No

b) If yes, please indicate the names and addresses of employers contacted as well as the date and the type of job you have applied for.

c) If no, explain

20. Have you previously worked while attending a course? If yes, please provide the following details.

Name and Address of Employer	Work Period	Occupation	Total Hours Worked (each week)	Total Course Hours (each week)
1.	From			
	To			
2.	From			
	To			

Date (YYYY-MM-DD)

Signature

The personal information collected is administered in accordance with the *Department of Employment and Social Development Act* and the *Privacy Act*. Individuals have the right to the protection of and access to their personal information. Information will be retained for 6 years after the last administrative action, as described in Personal Information Bank ESDC PPU 150. Instructions for obtaining this information are outlined in the government publication entitled "[Info Source](http://canada.ca/infosource-ESDC)", which is available at the following address: <http://canada.ca/infosource-ESDC>. Info source may also be accessed online at any Service Canada Centre.

PLEASE QUOTE YOUR SOCIAL INSURANCE NUMBER ON ALL CORRESPONDENCE