

Staff Replacement Grant Application

Manitoba Early Learning and Child Care
 219-114 Garry Street
 Winnipeg Manitoba R3C 4V6
 Child Care Information Services: 204-945-0776
 Toll free: 1-888-213-4754
 Fax: 204-948-2625
 Website: www.manitoba.ca/childcare



- First Academic Year
 Second Academic Year

Please print clearly. One application per Workplace Student.

Facility Information and Contact Information	
<input type="text"/>	<input type="text"/>
Centre / Family Child Care Name	Facility ID
<input type="text"/>	<input type="text"/>
Name of Centre Director	Email
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Phone	Fax

Workplace Student and Diploma Program Information	
<input type="text"/>	
Name of Workplace Student	
College	Campus
<input type="radio"/> RRC	<input type="text"/>
<input type="radio"/> ACC	<input type="text"/>
<input type="radio"/> UCN	<input type="text"/>
<input type="radio"/> USB	<input type="text"/>
Training Days for Academic Year	Required Documents Attached(Copies)
Start Date <input type="text"/>	<input type="checkbox"/> Enrollment or registration confirmation
End Date <input type="text"/>	<input type="checkbox"/> Service agreement (centres only)
Days attending <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Written commitment (homes only)
Total # of training days in this academic year <input type="text"/>	
Total # of practicum days in this academic year <input type="text"/>	
Is practicum in another center? <input type="radio"/> Yes <input type="radio"/> No	
Is practicum in this facility? <input type="radio"/> Yes <input type="radio"/> No	

Grant Calculation for Staff Replacement's Salary	<input type="text"/>
Salary \$ <input type="text"/> /hour (salary for replacement staff)	Name of Replacement Staff
Benefits \$ <input type="text"/> /hour	
Total \$ <input type="text"/> /hour x <input type="text"/> hours/day = \$ <input type="text"/> /day x <input type="text"/> days/year = \$ <input type="text"/> requested for this academic year	

Employer Support (Centre Only)		
Please tell us, if your centre provides any supports to staff in workplace training:		
a. Does your centre provide tuition support? <input type="radio"/> Yes \$ <input type="text"/> /year <input type="radio"/> No	b. Does your centre provide study time with pay? <input type="radio"/> Yes \$ <input type="text"/> #hrs/week <input type="radio"/> No	c. Does your centre pay for books / materials? <input type="radio"/> Yes \$ <input type="text"/> /year <input type="radio"/> No
d. Has your centre supported previous staff through workplace training? If so, how? <input type="text"/>		

Freedom of Information and Protection of Privacy Act
 Your personal information is collected under the authority of *The Community Child Care Standards Act* and will be used to establish your eligibility for the Staff Replacement Grant. This information is protected under *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of personal information, please contact Manitoba Early Learning and Child Care.

Declaration
 I have read and agree to the *Staff Replacement Grant Eligibility Criteria* and have provided copies of all required documents.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature Director/Provider	Date	Signature Board Member(if applicable)	Date	Signature Workplace Student	Date

FOR OFFICE ONLY			
VENDOR NO. <input type="text"/>	COST ELEMENT 7211000	REF. DOC. <input type="text"/>	
ORDER NO. 930093488	TEXT REPLACEMENT GRANT		
APPROVAL FOR PAYMENT <input type="text"/>	DATE <input type="text"/>	AMOUNT PAYABLE BY PROVINCE	-> <input type="text"/>