

NOHFC Application Form

Northern Ontario Youth Internship and Co-op Program

| Program Component being applied to: (Check one only) | | | | | | | |
|---|---------------------|--|---------------------------------|---|------------------------------|------------------------|-------------------|
| Co-op Placement: | | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Summer | | | |
| Internship: | | <input type="checkbox"/> | | | | | |
| Applicant Name (Exact Legal) | | | | | | | |
| Operating As (If Applicable) | | | | | | | |
| Date Business Registered/Incorporated And Registration # | | | | Under Laws Of | | | |
| Mailing Address: | | City or Town: | | | Postal Code: | | |
| Telephone Number: | | Fax Number: | | | Email Address: | | |
| Project Location: | | | | Lead Contact: | | | |
| Type of Organization: | | | | | | | |
| <input type="checkbox"/> For-Profit Corporation | | <input type="checkbox"/> Municipality | | <input type="checkbox"/> Not-for-Profit Corporation | | | |
| <input type="checkbox"/> First Nation | | <input type="checkbox"/> Other Please specify: _____ | | | | | |
| Number of Employees: | | | | Number of years in business: | | | |
| Type of workplace safety insurance: | | | | Liability Insurance: | | | |
| <input type="checkbox"/> WSIB | | <input type="checkbox"/> Alternate workplace safety insurance coverage | | Amount: | | | |
| Type of Business: | | | | | | | |
| <input type="checkbox"/> Health Care | | <input type="checkbox"/> Social Services | | <input type="checkbox"/> Value-added manufacturing | | | |
| <input type="checkbox"/> Telecommunications | | <input type="checkbox"/> Bio-Technology | | <input type="checkbox"/> Emerging technologies | | | |
| <input type="checkbox"/> Other | | Explain: _____ | | <input type="checkbox"/> Environmental Sciences | | | |
| Job Profile (Please complete either A or B) | | | | | | | |
| (A) Co-op Placements | | | | | | | |
| Job Title | Expected Start Date | Expected End Date | # of weeks | Hours per week | Hourly Rate Paid to Student* | Total Paid to Student* | Requested Subsidy |
| | | | | | | | |
| Note: Amount requested from NOHFC cannot exceed 50% of hourly rate, to a maximum of \$6.00 per hour. Cost of benefits and vacation pay are the responsibility of the applicant. | | | | | | | |
| (B) Internships | | | | | | | |
| Job Title | Expected Start Date | Expected End Date | # of weeks | Hours per week | Total Salary Paid | Requested Subsidy | |
| | | | | | | | |
| Note: Amount requested from NOHFC, combined with funding from other sources cannot exceed 50% of annual salary for for-profit-corporations and 90% of annual salary for not- for-profit corporations, First Nation communities and municipalities, to a maximum contribution of \$27,500. Cost of benefits and vacation pay are the responsibility of the applicant. | | | | | | | |

Other Sources of Funding

Will you be receiving funding from any other government source for this position? Yes No *If yes, indicate source of funding and amount.*
Source: _____ Amount (\$): _____

Benefits

Describe the anticipated impact and benefits for the intern/student placement.

Indicate if there is the potential for this internship/co-op placement to result in a full-time permanent position with your organization at the end of the placement. If yes, would this be a new position?

History/Background

Provide a brief description of your business/organization and the area/clientele it serves.

Status of Other Applications

Is the applicant currently applying for other programs within the NOHFC? Yes No *If yes, provide information.*

If the applicant has previously received assistance under the Internship/Co-op Program has that assistance concluded? Yes No

If yes, provide the employment status of the Intern/Co-op hired with the previous assistance.

- Has the intern been hired full-time by this organization? Yes No
- Has the intern secured full-time employment elsewhere as a result of the training received? Yes No
- None of the above. Yes No

Certification

As the lead contact and as an authorized signing officer of the Applicant, I certify to the Northern Ontario Heritage Fund Corporation (NOHFC) that the information contained in this application, which includes the supporting documentation submitted herewith, is true and complete in all respects. I also certify that the proposed position as outlined above is a new position. If NOHFC discovers that this application contains a material misrepresentation, this application shall be deemed to be withdrawn immediately by the Applicant.

The Applicant agrees to provide any additional information that NOHFC or its authorized program administrator may reasonably require for purposes of assessing this application and administering the Program.

Authorized Signature

Date

Name (Print)

Title

Applications must be completed and submitted to:
Northern Ontario Heritage Fund Corporation
70 Foster Drive, Suite 200
Sault Ste. Marie, Ontario P6A 6V8
Telephone: 1-800-461-8329 or 705-945-6700
Fax : 705-945-6701
Email nohfc@ndm.gov.on.ca

Notice :

Collection of personal information on this form is necessary for the proper administration of the Northern Ontario Heritage Fund Corporation's (NOHFC) Northern Ontario Youth Internship and Co-op Program. The personal information collected here may be disclosed to and used by the NOHFC, the Ministry of Northern Development and Mines (MNDM) or their agents or contractors, for purposes of assessing this application. Personal information may be disclosed to and used by other Ontario ministries or federal bodies, which may be consulted as part of the assessment of this application. It will also be disclosed to and used by the NOHFC, MNDM or their agents or contractors for the purposes of administering the Northern Ontario Youth Internship and Co-op Program, for assessing client satisfaction and evaluating the program. Your application may be disclosed to and used by the NOHFC, MNDM or their agents or contractors for the purpose of creating communication products about the program, however your personal information will not be included in the communications products created without first obtaining your consent.

The applicant acknowledges the collection, use and disclosure for the purposes noted above, and that he/she may be contacted by NOHFC, MNDM or their agents or contractors with respect to his/her participation in the program to obtain feedback on the process, to assist with improvements and program evaluation. Questions about the collection of this personal information may be addressed to the NOHFC, Financial Officer, 70 Foster Drive, Suite 200, Sault Ste. Marie, Ontario, P6A 6V8, or by phone at 1-800-461-8329.

See Attached Training Plan

Training Plan

Northern Ontario Youth Internship and Co-op Program

Note: A training plan is to be completed for each position being applied for under the Northern Ontario Youth Internship and Co-op Program of the NOHFC.

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| Job Title: |
| Provide a brief description of the internship/co-op opportunity: |
| Indicate the members of your organization (names and titles) who will be providing the training and supervision for the internship/co-op placement: |
| Indicate the educational background or fields of study that you are seeking for the internship/co-op placement (i.e., diploma/ degree/skills, etc.) |
| Describe the learning objectives for the internship/co-op placement: |
| Identify the key responsibilities and activities to be undertaken by the employee under the internship/co-op opportunity to meet the learning objectives: |

Describe the knowledge and skills that the employee will develop as a result of the position: