

Staff Replacement Grant Application

- ☐ First Academic Year
☐ Second Academic Year

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



Please print clearly. One application per Workplace Student.

Facility Information and Contact Information

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

Workplace Student and Diploma Program Information

Name of Workplace Student

College	Campus	Training Days for Academic Year	Required Documents Attached(Copies)
<input type="radio"/> RRC	<input type="text"/>	Start Date <input type="text"/>	<input type="checkbox"/> Enrollment or registration confirmation
<input type="radio"/> ACC	<input type="text"/>	End Date <input type="text"/>	<input type="checkbox"/> Service agreement (centres only)
<input type="radio"/> UCN	<input type="text"/>	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)
<input type="radio"/> USB	<input type="text"/>	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

Salary \$ <input type="text"/> /hour (salary for replacement staff)	<input type="text"/> 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"/>