

## **Organization Information**

Operating Name *
Legal Name *
Mandate * Provide mission statement or purpose of the organization
Website * https://website.ca
Business Number*
Is your organization: *
An incorporated non-profit (society) under the BC Societies Act A charity registered federally under the Income Tax Act None of the above
Please enter your society registration ID or your charity registration number
Registered non-profit organizations that own, operate or administer a social enterprise are also eligible to apply
What is your non-profit classification? *Please select
Please specify your sub-classification*
*I confirm that my organization is based in or operating in British Columbia.



# **Organization Contact**

#### **Main Contact**

Position Title*
First Name *
Last Name *
Email Address* someone@example.com
Phone Number* 250-555-5555
Alternate Contact
Position Title*
First Name *
Last Name *
Email Address* someone@example.com



Phone Number\* 250-555-5555

Contact Address
My organization's contact address is different than the organization's mailing address. By checking this box if your application is approved, funds will be issued via cheque to the Mailing Address below.
Address 1 * Street address, P.O. box, company name, c/o
Address 2 Apartment, suite, unit, building, floor, etc.
City *
Postal Code * vor2v5
Mailing Address
Address 1 Street address, P.O. box, company name, c/o
Address 2 Apartment, suite, unit, building, floor, etc.
City
Postal Code V0R2V5



## **Opportunity Details**

How many work experience participants are you applying for? \*Please select

Participants must meet all eligibility requirements. Eligibility will be verified by the ministry.
*I have adequate WorkSafe BC insurance coverage to meet the needs of the placement.  *I commit to:
<ul> <li>Supervise and support the participant for the duration of the project; and</li> <li>Adhere to all health and safety guidance from the BC Provincial Health Officer (PHO) to reduce the transmission of COVID-19; and</li> </ul>
*I understand that all work experience participants must be eligible to work in British Columbia and that participants must have:
<ul> <li>Designation as a Person with Disabilities (PWD) from the Ministry of Social Development and Poverty Reduction; OR</li> <li>Status as a Person with Persistent Multiple Barriers to employment (PPMB) from the Ministry of Social Development; OR</li> <li>For Indigenous individuals living on reserve, the equivalent federal PWD designation or PPMB status.</li> </ul>
*I understand that the Work Experience Opportunities Grant program is not available to WorkBC Wage Subsidy recipients or current employees in their existing positions.
*I understand that, as the non-profit organization, our organization will hold and administer the grant, provide wraparound supports and services, and ensure that the work experience placement complies with all requirements.
*I confirm that the placement is <b>12 weeks</b> .  Work Opportunity*Please describe the work opportunity (2000 characters max.)



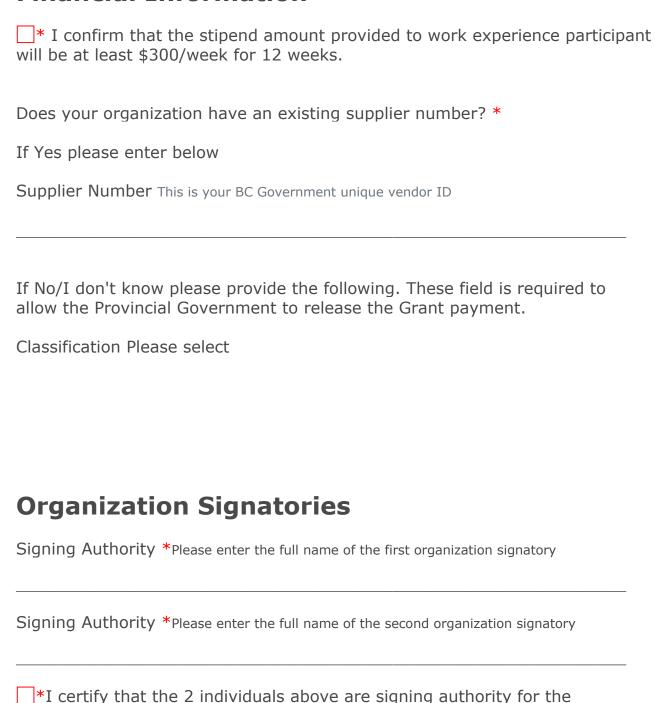
What will the organization provide to support the participant(s) during the work experience?\* Please select all that apply

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<ul> <li>□ Training</li> <li>□ On the job coaching/supervision</li> <li>□ Mentorship</li> <li>□ Flexible working arrangements</li> <li>□ Wrap around supports, such as personal protective equipment, childcare or transportation</li> <li>□ Other</li> </ul>
If other, please specify
Skill Development:* What essential skills will the participant gain through the work experience
Additional benefits Please describe any additional benefits to the participant (700 characters max.)



organization.

### **Financial Information**





#### Consent

I am attaching my signature to this form. I am authorized to act and to enter into this Agreement on behalf of the Organization. On the Organization's behalf, I do hereby accept and agree to the terms and conditions of this Agreement

Signature