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www.recognitioncounts.ca

RECOGNITION COUNTS

Program Application F…

Section I	**Client Information**	
Last/Family Name:	First Name:	
I am: ☐ Female ☐ Male ☐ Other		
Tel. (home): ( )	Tel. (work): ( )	
Tel. (cell): ( )	E-mail address:	
Address:	City/Province:	Postal Code:
Legal residence status: ☐ Canadian Citizen ☐ Permanent Resident ☐ Convention Refugee ☐ Work permit		
Current Family Status: ☐ Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Widowed		
This Section is optional: Please check all that apply to you: ○ Visible minority ○ Person living with a disability ○ 2SLGBTQ+ ○ Ex- offender	Country of Birth: Date of Birth: _____ / _____ / _____ *(dd) (mm (yyyy)*	
Immigration class: ○ Skilled Worker ○ Provincial Nominee ○ Business Nominee ○ Family Class ○ Refugee		
Arrival date in Canada: _____ / _____ / _____ *(dd) (mm (yyyy)*	If different from *arrival date in Canada*, date when you became permanent resident : _____ / _____ / _____ *(dd) (mm (yyyy)*	
First language:	Last country of permanent residence:	

Section II	**Career Action Plan (CAP) Summary**	
Profession/occupation prior to immigration:	Intended profession / occupation in Manitoba:	
Regulatory body responsible (if applicable):	Date of assessment results:	Approximate number of months to complete the CAP:
Accepted into a relevant program of study: **YES** **NO** **If Yes, please complete the following:**		
Program title:	Institution:	
Program start date:	Program end date:	
Name of degree, diploma or certificate granted upon program completion (if applicable):		
Entry level yearly salary after qualification recognition: **$**	Average yearly salary after qualification recognition: **$**	

Section III	**Applicant's Current Gross Income**
Source of income	Yearly Gross Income
Full Time employment	$
Part Time employment	$
Employment Insurance	$
Employment and Income Assistance	$
Child Tax Benefit	$
Rent Assistance	$
Other, please specify:	$
Other, please specify:	$
Applicant's Yearly Gross Income:	$

Section IV :		**Financial Assets and Liabilities**			
Assets -What You Own	***Total Amount***	***Liabilities -What You Owe***	***Limit***	***Current Balance***	***Monthly Payments***
Cash Savings	$	Mortgage	$	$	$
GIC's, Bonds	$	Credit Cards	$	$	$
Real Estate (market value)	$	Student Loan	$	$	$
Vehicle (market value)	$	Vehicle Loan	$	$	$
RRSP's	$	Bank Overdraft	$	$	$
Other, please specify:	$	Line of Credit	$	$	$
Other, please specify:	$	Transportation Loan	$	$	$
Other, please specify:	$	Personal Loan	$	$	$
Other, please specify:	$	Other, please specify:	$	$	$
Other, please specify:	$	Other, please specify:	$	$	$
Total Assets:	$	**Total Liabilities:**	$	$	$ ***(A)***

Section V:	**Monthly Household Expenses**
General Household Expenses	***Expense Amount***
Monthly payments as detailed in Total Liabilities -*Section IV* ***(A)***	$
Rent	$
Utility bills / internet, cable and phone including cell phones	$
Groceries	$
Transportation	$
Childcare	$
Clothes	$
Entertainment	$
Money sent back home	$
Emergency	$
Other, please specify:	$
Other, please specify:	$
Total Monthly Household Expenses:	$

Section VI:	**Recognition Process Related Expenses**
Loan Expenses	**Amount**
Tuition	$
Cost of registration process with regulatory body	$
Text Books	$
Computer	$
Professional Clothing /tools (equipment, work clothes, personal protective equipment)	$
Other, please specify:	$
Other, please specify:	$
Total Recognition Process Related Expenses:	$

In the following section Include only confirmed and current sources.

Section VII:		**Other Sources of Financial Assistance**			
Department	***Start Date*** *month/year*	***End Date*** *month/year*	***Uses***	***Total Amount***	***Amount To Repay***
Manitoba Training and Employment Services				$	$
Manitoba Student Loans				$	$
Canada Student Loans				$	$
Post-Secondary Institution				$	$
Nurses Recruitment and Retention Fund (NRRF)				$	$
Employer				$	$
Other				$	$
Other				$	$
			Total Other Sources of Financial Assistance:	$	$

Section IX:	**Privacy Notice for SEED Winnipeg Inc.**

SEED will keep this information private. We will not reveal any of your information to anyone unless you agree. For more information, please ask for a copy of our Privacy Code.

I also state that the information I have given in this form is correct and complete and I permit SEED to verify with other parties the information I have given

If you have any questions about the research or privacy concerns, please contact SEED's Privacy Officer at 204-927-9935 or email privacy@seedwinnipeg.ca

_____	_____	_____
Signature of Applicant	Name	Date

Funders and Program Partners:

Money doing more. Assiniboine Credit Union™

seed WINNIPEG INC. Supporting Employment & Economic Development

Canada

Manitoba

APPENDIX A

Required documents check list

Personal Identification:

- ○ The two (2) pieces of identification that you checked on your eligibility pre-screening application

Manitoba Residency:

- ○ Manitoba Health Card – Note: *your Registration Number, Personal Health Identification Number (PHIN) and the names, dates of birth and PHIN numbers of any other individual named on the Manitoba Health Card must be blacked out on the copy submitted.*

Education / Professional documents (only those that apply to you)

- ○ The letter from your regulatory body outlining results of their assessment of your application
- ○ The acceptance letter from the institution you planned to attend
- ○ Current Resume

Registration / tuition fees (only those that apply to you)

- ○ Proof of your payment for reimbursement
- ○ Invoice for direct payment

When submitting your online application, make sure you:

- ○ Have filled out all the information (Incomplete applications will not be reviewed) and
- ○ Submit by mail or email all applicable documents