



OTTER CLIENT APPLICATION FOR FUNDING

Year: _____

Contact Information:

Name: _____
 Address: _____
 Phone: _____ Email: _____
 SIN: _____ Date of Birth: _____

Program Applying For:

Training Purchase
 Participant/Travel Allowance
 Targeted Wage Subsidy

Previous Use of OTTER Programs (if applicable):

| Date | Project Name | Outcome |
|------|--------------|---------|
| | | |
| | | |
| | | |
| | | |

Occupation Name: _____

- a. What is the NOC number for the occupation listed above? _____
- b. What is the Skill Level for this occupation? _____

What skills and employment requirements are needed for this occupation?

| Specific Skills | Essential Skills | Employment Regulations |
|-----------------|------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Are any of the following required for your chosen occupation:

Medical
 Reliable Transportation
 Drivers Licence
 CPIC

What is the future outlook for this occupation?
 Good
 Fair/Average
 Limited

What are the working conditions for this type of employment?

What is the salary range for this occupation?

Minimum _____
 Average _____
 Maximum _____

List two (2) advantages and two (2) disadvantages of this occupation:

- 1. _____ 1. _____
- 2. _____ 2. _____

Employer Research

Call two (2) employers where you might find work. Explain to them you are completing research for funding and have a few questions.

- 1. Name of Employer: _____ Contact Person: _____
 - a. Would you hire a graduate from (your program name)? Yes No
 - If No, what type of programs do you recommend? _____
 - b. What is the normal salary range for an entry level position in this field? _____

2. Name of Employer: _____ Contact Person: _____
- a. Would you hire a graduate from (your program name)? Yes No
- If No, what type of programs do you recommend? _____
- b. What is the normal salary range for an entry level position in this field? _____

Answer the following question to get an overview of education requirements:

- a. What is the name of the program you are interested in:
- b. What are the names of two (2) schools that offer this program and list the length of program and the prerequisites (requirements)?

| Name of School | Length of Program | Prerequisites |
|----------------|-------------------|---------------|
| | | |
| | | |

Choose the school you are most interested in and provide the following info:

Start Date: _____ Costs of Program:

End Date: _____ Tuition: _____

Books: _____

Have you received an acceptance letter from the institution? Yes No Uniforms: _____

(If yes, please include a copy) Other: _____

Please provide the following information to this application:

- 3-5 job postings relating to this occupation
- Letter or email specifying the funds being requested and why this field is the best career path for you
- Updated resume

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to OTTER program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Client Name: (Print): _____

Client Signature: _____

Date: _____