



Application for Entry Level Supplement
Payment for Fiscal Year 1st April 2006 to 31st March 2007
(see reverse for information concerning completion of this application)



Section A – Applicant:

Name: _____ Date of Birth: _____

Mailing Address (including postal code): _____

Phone (daytime): _____ Certification # _____ Social Insurance # _____

Section B – Post-Secondary Early Learning and Child Care Coursework Completed:

*Attach **original** transcript(s) or grade report(s) indicating date of successful completion of courses.*

Name of Post-Secondary Institution	Province	Course Number (if applicable) and Name
<input type="checkbox"/> Same as above or		

Section C – Child Care Centre Employees - to be signed by centre licensee

(not applicable to Family Child Care Providers – see reverse)

I verify that as of the date of this application (section D below) the applicant works in my employ and I understand that information regarding this individual's employment may be requested at any time for auditing purposes.

Name of Child Care Centre: _____

Signed: _____ (Licensee)

Section D – Declaration – to be signed by applicant

If my application is approved I want taxes taken out of this payment: Yes No

I understand that providing false or misleading information constitutes fraud and may subject me to legal action.

Signed: _____ Date: _____

Office Use Only	
Date Application Approved: _____ Initial: _____	
Date Application Denied: _____ Initial: _____	
Reason for Denial: _____	

<input type="checkbox"/> Sent for Payment/ <input type="checkbox"/> Denial Letter Sent: _____ (Date) Initial: _____	

Information for completion of Entry Level Supplement Application Form

Section A – Applicant

This section identifies you to AECENL and to the Department of Health and Community Services. Be sure to print clearly and complete all sections as required. Be sure to include your postal code and a daytime contact phone number.

Section B - Post-Secondary Early Learning and Child Care Coursework Completed

This section identifies the courses you have **completed** between 1st April 2006 and 31st March 2007. The courses must be from a provincially-recognized College or University and must be required courses in the Early Childhood Education programme. *Orientation courses taken through AECENL and non-credit courses through other groups or organizations are not acceptable.*

You need to attach an original transcript or grade report. The transcript or grade report must indicate:

- o The date the course was completed
- o A passing grade from the College/University

*Please note that an internet transcript or Individual Education Plan (IEP) are **not** acceptable!*

If the courses you are considering are from outside of Newfoundland and Labrador or you are unsure whether the post-secondary institution is provincially-recognized, check with the Registrar before registering for the courses.

Section C – Child Care Services Employment Confirmation - to be signed by centre Licensee

This section confirms your employment/work in a regulated child care centre and will affect your eligibility for the supplement. It must be signed by the Licensee of the child care centre in order to process the application. This section does not apply to regulated family child care providers as their work status is obtainable through regional licensing authorities.

Section D – Declaration – to be signed by applicant

This section tells AECENL and the Provincial Government that the information you have supplied in and with the application is true and complete to the best of your knowledge. *Knowingly submitting incorrect or misleading information is considered fraud and legal action may be taken.* This section must be signed by you in order to process the application.

Office Use Only

This section is for AECENL's use and is **not to be filled in by the applicant.**

.....

Final Checklist before Submitting – incomplete/late applications will be returned to you.

Before sending in the application **please make sure that:**

- o all sections are completed properly
- o Section C (if applicable) is completed and signed by your centre Licensee
- o Section D is completed and signed by you – the applicant
- o An original transcript or grade report is attached to the application
- o *Attach a banking form if this is your first application for the supplement.*
- o Applications may be submitted on (or up to 7 days before) the following dates: June 30th, September 30th, December 31st, March 31st.

Send the **complete** application package to AECENL **by the dates specified** (*not earlier than 7 days before the dates specified*). Applications can be sent to **AECENL, Attention: Entry Level Supplement**

- o By mail: P. O. Box 8657, St. John's, NL A1B 3T1
- o By hand: 33 Pippy Pl, Suite 102, St. John's, NL (8 am to 6 pm Monday through Friday - building closed evenings, weekends and holidays)