

**Cooperative Education Tax Credit (CETC)
APPLICATION FOR WORK PLACEMENT PERMIT**

in accordance with Section 2 of the CETC Regulation
under Section 10.1 of *The Income Tax Act (Manitoba)*



Manitoba
Building for the Future

Identify institution of advanced education ("the Institution") offering the Program for credit.			
1.	Name of the Institution		
	Address		
	Phone	Fax	Email
Identify work placement program applying for permit ("the Program")			
2.	Name of the Program		
	Address		
	Phone	Fax	Email
3.	Degree/certificate/qualification granted by the Program		
4.	Total number of students enrolled in Program		
5.	Brief statement of purpose/academic goals of the Program.		
6.	Number of co-operative work placements planned by the Program over the coming 12 months.		

Eligibility of the Program to participate in the CETC

7. Is the Program certified as a Cooperative Education Program by the Canadian Association for Cooperative Education (CAFCE)?

YES Registration N^o (Proceed to Question 8.)

NO (Indicate how the Program nevertheless meets each of the following criteria)

Complete this section only if Program is not certified by CAFCE.	Each work situation is developed and/or approved by the co-operative educational institution as a suitable learning situation.
	The student is engaged in productive work rather than merely observing.
	The student receives remuneration for the work performed.
	The student's progress on the job is monitored by the co-operative education institution.
	The student's performance on the job is supervised and evaluated by the employer.
	The time spent in periods of work experience makes up at least twenty percent (20%) of the time spent in academic study.
	Provide calculated percentage:
	Comments on the Program's meeting of eligibility criteria:

Provide details about the work placement monitoring system put in place by the Program:

8a.	How will remuneration of co-op students be monitored?	
8b.	How will attendance of students at the workplace of the co-op placement be monitored?	
8c.	How will the quality of work performed by the co-op students be monitored?	
8d.	How will the relevance (to the educational goals of the Program) of work performed during co-op placements be guaranteed?	
8e.	Other details of placement monitoring and liaison with employers (corporations hosting work placements).	
8f.	Details of primary program official(s) responsible for monitoring co-op work placements of the Program and liaising with employers (corporations hosting placements).	
	Name	Name
	Position	Position
	Direct Phone	Direct Phone
	e-mail	e-mail
	Comment	Comment
9.	How will businesses be recruited to host co-op placements?	
10.	Based on past experience, if applicable, what types of businesses host placements for this program?	

Undertakings by the Program and the Institution, and Authorised Signatures:

A.	The Program undertakes to liaise with host employers and ensure that monitoring of work placements is complete and correct for the purposes of CETC. (Initial here)
B.	For each work placement, the Program undertakes to fill out relevant portions of the Proof of Completed Work Placement forms as required for the tax credit, in numbers not to exceed placements approved by the Minister. (Initial here)
C.	The Program undertakes to provide the Manitoba Government, on request, with information on work placements facilitated by CETC both during and after the placements. (Initial here)
D.	<p>Signature of Program Director: I certify that I am an authorized signing officer of the above named Program and that the information given in this declaration is, to the best of my knowledge, true, correct and complete. I also confirm that I will furnish upon request such additional information as deemed necessary to facilitate the processing of this application.</p> <p>Name Position</p> <p>Signature Date</p>
E.	<p>Signature of Dean or other official authorised to sign on behalf of the Institution. I certify that I am an authorized signing officer of the above named Institution and that the information given in this declaration is, to the best of my knowledge, true, correct and complete.</p> <p>Name Position</p> <p>Signature Date</p>

This information is being collected in accordance with section 10.1 of *The Income Tax Act (Manitoba)*. Pursuant to *The Freedom of Information and Protection of Privacy Act*, the information shall only be used and disclosed as necessary for the purpose of administering the Co-operative Education Tax Credit. If you have questions about this form, contact the COPSE official whose contact information is given below.

<p>Send completed form to: Policy Analyst Council on Post-Secondary Education (COPSE) 410-330 Portage Avenue Winnipeg MB R3C 0C4 (204) 945-0746 - voice (204) 945-1841 - fax kbrowning@copse.mb.ca www.copse.mb.ca</p>	<p>Successful applicant programs will receive an information kit and a "CETC Work Placement Permit" authorising them to issue "Proof of Completed Work Placement" forms, up to a specified number.</p>
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It is an offence knowingly to make false statements under the Manitoba Income Tax Act.