Co-op Students Hiring Incentive
Application For Work Placement Permit

Name of post-secondary institution offering the program for credit:

Work Placement Program applying for permit:

Degree/certificate/qualification granted by the Program:

Is the Program certified as a Co-operative Education Program by the Canadian Association for Co-operative Education (CAFCE)?

☐ YES - Registration N° ________________________________

☐ NO - If no, please indicate how the Program nevertheless meets each of the following criteria:

(1) Each work situation is developed and/or approved by the co-operative educational institution as a suitable learning situation. ______________________________________

__________________________________________________________________________________

__________________________________________________________________________________

(2) 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) ______________________________

__________________________________________________________________________________

__________________________________________________________________________________

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.

Name: ___________________________ Position: ________________

Phone: ___________________________ Email: __________________

Signature: _________________________ Date: ________________

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-op Education and Apprenticeship Tax Credits program. If you have questions about this form, contact the COPSE official whose contact information is given below. **Send completed form to:** Senior Policy Analyst, Council on Post-Secondary Education (COPSE), 608-330 Portage Avenue, Winnipeg MB R3C 0C4. Voice 204-945-8564, Fax 204-945-1841. E-mail meg.bolley@gov.mb.ca or website www.copse.mb.ca.

Successful applicant programs will receive an information kit and a "Work Placement Permit" authorizing them to issue "Proof of Completed Work Placement" forms.

It is an offence knowingly to make false statements under The Income Tax Act, Manitoba.