



Building skills for Canada's bio-economy
Un monde de ressources pour la bioéconomie canadienne

Student Work Placement Program Employer Eligibility Assessment (Form 2 of 4)

To ensure that employers are eligible to participate in the program, the Program Officer needs to do an eligibility assessment of each potential employer. Only those who pass the eligibility criteria are entitled to wage subsidies for eligible participants. Reminder: the program is open to all organizations which are part of the economic sector represented by BioTalent Canada.

PARTICIPANT'S FILE NUMBER (completed by BioTalent Canada)

SWPP- _____

Section A - Company Information

1. NAME OF EMPLOYER:			2. DATE (DD-MM-YYYY)		
_____			_____ / _____ / 20_____		
3. EMPLOYER'S COMPLETE ADDRESS:			4. LOCATION OF PLACEMENT (Full Address):		
_____			_____		
5. CONTACT AT EMPLOYER (Name/Title):			6. EMAIL ADDRESS		
_____			_____		
7. EMPLOYER PHONE NUMBER:		8. EMPLOYER FAX NUMBER:		9. EMPLOYER WEBSITE:	
(____) _____ - _____ EXT: _____		(____) _____ - _____		WWW. _____	
10. SECTOR (please select the Sectors and Sub-sectors that applies to you):					
Bio-health	Medical devices Nutraceuticals	Biopharmaceuticals Biomolecules	Natural-compound bioactives Digital health/ AI	Functional foods Medical cannabis	
Bio-energy	Biomolecules	Biodiesel	Ethanol	Methane	Bio-oil
Bio-industrial	Biocatalyst Agri-fibre composites	Biosolvents	Bioplastics	Biocoatings	Bioadhesives
Agri-biotech	Agri-fibre composites	Animal/Plant genetics		Livestock vaccines	
	Animal nutritional supplements	Functional foods		Sustainable development	
Non-biotech, please specify: _____					
11. SIZE OF BUSINESS:	1-9	10-19	20-49	50-99	100-499 500+
12. POST-SECONDARY INSTITUTION		Yes	No	14. If you are an employer with less than 500 employees, or a non-profit, is advanced payment of the wage subsidy required? Yes No	
13. NON-PROFIT		Yes	No		

Section B - Participant Information

1. NAME OF PARTICIPANT:		2. PLACEMENT START DATE: (DD-MM-YYYY)	
_____		_____	
3. HOURS PER WEEK (HPW):		4. NUMBER OF WEEKS:	
_____		_____	
5. CO-OP JOB TITLE:	6. CO-OP SALARY:		
_____	Total Annual Salary: _____ Ex. \$17/hr x 37.5 hpw x 52wks = \$33,150 Vacation pay is not subsidized and should be removed from annual salary		
_____	Note: For accounting purposes the annual salary must be provided even though the placement may be only 16 weeks.		
7. PAY PERIOD: Weekly Bi-weekly Semi-monthly Monthly Other: _____			

Section C - Company Eligibility Criteria

YES

1. Will remunerate the balance of the co-op wages not paid by BioTalent Canada to the student, proof of which is to be provided to BioTalent Canada during the participant's placement and after the participant has been paid?
2. Will not recruit and retain friends or family members as participants to the program?
3. Will provide participant full time employment up to a maximum of 16 weeks? If placement is over 16 weeks, please call BioTalent Canada for options.
4. Will provide proof of co-op placement employment, start date, contract with participant, full wage and benefits of participant to BioTalent Canada?
5. The co-op salary is paid through the Employer's payroll and includes Federal/Provincial deductions (CPP, EI, etc.)?
6. The wages for the position must not be funded by another federally funded program like IRAP, Mitacs, etc.
7. Will participate in BioTalent Canada's upcoming labour market studies.

Section D - Additional Required Documents for Assessment

The Company has included the following documents with this application:

YES

NO

1. Completed and signed Participant Information Form (PIF)

2. Résumé of the participant

3. Proof of post-secondary enrollment/transcript

4. A brief organization description to show biotech focus

5. Participant's co-op job description

6. Signed Student Work Placement Program's Co-op Agreement Form

7. Completed Learning Plan (can follow on first day of co-op placement)

Section E - Employer Attestation to Co-op Placements

* Question 2 is only to be answered if this is your first time applying for SWPP funding through BioTalent Canada. The number provided will be your baseline for the remainder of the SWPP project.

1. Please indicate the term and year your company is participating in for this co-op application:

Fall

Winter

Spring

Summer

Year: _____

2. * If you are applying for the Spring, Summer, Fall 2020 term or Winter 2021 term, please indicate the number of co-op placements your organization accepted in the 2019 calendar year:

3. Is this co-op placement considered to be in addition to your baseline (the number provided in question 2, or when you first participated in SWPP)?

Yes

No

4. If you answered "No" to question 3, please confirm that you will hire 1 co-op student over and above your baseline during the funding term you are applying for.

Yes

No

5. Is the co-op opportunity fulfilling a bio-economy job function?

Yes

No

6. Type of work-integrated learning opportunity offered:

Co-op placement

Internship

Field Placement

Other, please specify: _____

7. Placement location:

At organization

Remote

Working from home

8. Please indicate what system(s) you used to post the co-op opportunity:

Job Bank

Orbis

Magnet

University

The PetriDish™

N/A Other, please specify: _____

9. Please name all of the post-secondary education (PSE) institutions you are working with:

10. Do you have a formal agreement between the PSE institution(s) and your organization?

Yes

No

If yes, please indicate which institution(s): _____

11. Of the PSE institution(s) you are working with, please indicate which one is participating in the program for this specific co-op placement?

Section F - Company Authorization

I have read and understand the program application forms. I acknowledge to be the signing authority for the contract with BioTalent Canada. I give my consent to BioTalent Canada to release any information regarding my application and participation to Employment and Social Development Canada (ESDC). I acknowledge that the information here is collected and administered in accordance with the Privacy Act and may be used by third party providers for ESDC accountability purposes.

<div>1. NAME:</div> <div>_____</div>	<div>2. TITLE:</div> <div>_____</div>
<div>3. SIGNATURE:</div> <div>_____</div> <div>Signatures must be digitally time stamped or hand written. Typed signatures are NOT accepted.</div>	<div>4. DATE: (YYYY-MM-DD)</div> <div>_____ / _____ / _____</div>
<div>5. EMAIL:</div> <div>_____</div>	<div>Language preference for correspondence:</div> <div><div>English</div><div>French</div></div>
<div>6. HOW DID YOU HEAR ABOUT BIOTALENT CANADA:</div> <div><div>Word of Mouth</div><div>Web</div><div>Conference Presentation</div><div>Email</div><div>Outreach Team</div><div>Other, please specify: _____</div></div>	

I would like to subscribe to BioTalent Canada's monthly newsletter, program updates, and corporate updates

Yes

No

Submit complete application package by email, fax, mail or courier to:

Student Work Placement Program

BioTalent Canada

650 - 130 Slater Street

Ottawa, ON K1P 6E2

mcarr@biotalent.ca

Fax: (613) 233-7542

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