

## ECE Specialized Certification Grant

### **IMPORTANT INFORMATION**

Please make sure to read the following information and ECE Specialized Certification Grant Guidelines found [here](#) before filling out the application form.

- All applicants are required to submit their own complete applications with supporting documents.
- The ECE Specialized Certification Grant is available only to Canadian citizens or permanent residents.

### **PAYMENT:**

Please note that ECEBC reserves the right to audit applications and may validate certification and/or employment information provided.

1. Applicants must provide employment verification for continuous employment in an eligible childcare facility/program (s) for at least 12 months prior to applying. *Please see Guidelines for list of eligible facilities/programs.*
2. Approved applicants will receive:
  - \$2000 for one BC Specialized Certificate: Infant and Toddler Educator (ITE) **or** Special Needs Early Childhood Educator (SNE)
  - OR**
  - \$3000 for both BC Specialized Certificates: Infant and Toddler Educator (ITE) **and** Special Needs Early Childhood Educator (SNE)

For more information and for eligibility requirements, please review the ECE Specialized Certification Grant guidelines.

### **REQUIRED DOCUMENTATION:**

Please make sure to attach all of the following documentation to your application. Your application may be declined if incomplete.

#### **1. Application Form:**

Complete the ECE Specialized Certification Grant application form via the drop box link found on ECEBC's website. Applicants are responsible for verifying that the application form and supporting documents are COMPLETE and ACCURATE before sending to the ECE Specialized Certification Grant team via the drop box link.

#### **2. Proof of Residency:**

The ECE Specialized Certification Grant is available only to Canadian citizens or permanent residents. Therefore, ECEBC requires ONE proof of the applicant's residency in BC. All BC government issued IDs must be valid – not expired. **The address on the proof of residency MUST match the address on the application form. Please refer to the ECE Specialized Certification Grant Guidelines found [here](#).**

#### **3. Void Cheque/Direct Deposit Form:**

With your application, please include a copy of your void cheque or direct deposit form from your bank to ensure accuracy of banking details. Funds will be deposited into the bank account you provide. No cheques will be issued.

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## Application Form



ECEBC | early childhood educators of BC

Your personal information is collected by the Early Childhood Educators of BC (ECEBC) on behalf of the Ministry of Education and Child Care (MECC) under the authority of sections 26(c) and (e) and 27(1)(a),(b) and (c) of the *Freedom of Information and Protection of Privacy Act*, and will be used solely for the purpose of determining eligibility and administering the Early Childhood Educator (ECE) Specialized Certification Grant, to facilitate payments and to generate a T4A for tax purposes to successful applicants. Any questions specifically about the collection of this information can be directed to Emily Gawlick, Executive Director at [executive.director@ecebc.ca](mailto:executive.director@ecebc.ca).

Personal Information:	
Legal Last Name	
Legal First Name	
Address	
City	
Province	
Postal Code	
Phone Number	
Email	
SIN #	

### Please Indicate:

If you identify as Indigenous (First Nations, Métis, Inuit):

If you identify as Francophone:

Your BC Provincial Education Region:

I am a person with a disability and/or diverse ability:

For more information: <https://bchumanrights.ca/human-rights/human-rights-in-bc/>

Which certificate (s) do you hold? Please complete all that apply.

Certificate Type	Registration Number	Expiry Date (M/D/Y)
Infant and Toddler Educator (ITE)		
Special Needs Early Childhood Educator (SNE)		
Combined ECE-IT-SNE		

Have you been continuously employed for at least the last 12 months, an average of 10 hours per week (which can be calculated over the course of the month), in an eligible child care program? Please [see Guidelines “Eligible Employment Criteria” and “Definition of Continuous Employment”](#) for information.

Yes      No

If yes, please select which type of program(s) you are currently employed at? Please select all that apply.

- Licensed Group Child Care
- Licensed Preschool
- Licensed Multi-Age Child Care
- Licensed In-Home Multi-Age Child Care
- Licensed Family Child Care
- Licensed Group Child Care (school age) and School Age Care on School Grounds (if Kindergarten children are enrolled)
- Aboriginal Head Start
- Supported Child Development (SCD)
- Aboriginal Supported Child Development (ASCD)

**ECE Specialized Certification Grant  
Application Form**

**Current Employment Details**

Complete the Employment Verification(s) below. Please note only hours working BC with children ages 0-5 are counted towards eligible employment.

Name of Child Care Facility/Program:		
Facility/Program License Number (if applicable):		
Facility Address:		
Facility Email Address:		
Facility Phone Number:		
Start Date:		
I have worked for this employer:	1 – 5 years	5+ years
Is the applicant the owner/operator:	Yes	No

Name of Child Care Facility/Program:		
Facility/Program License Number (if applicable):		
Facility Address:		
Facility Email Address:		
Facility Phone Number:		
Start Date:		
I have worked for this employer:	1 – 5 years	5+ years
Is the applicant the owner/operator:	Yes	No

**Additional Employment Details**

Complete the following information for all eligible licensed child care employers you worked for within the last 12 months, if applicable. Please note only hours working BC with children ages 0-5 are counted towards eligible employment.

Name of Child Care Facility/Program:		
Facility Address:		
Facility Email Address:		
Facility Phone Number:		
Start Date:		End Date:

Name of Child Care Facility/Program:		
Facility Address:		
Facility Email Address:		
Facility Phone Number:		
Start Date:		End Date:

Name of Child Care Facility/Program:		
Facility Address:		
Facility Email Address:		
Facility Phone Number:		
Start Date:		End Date:

## Applicant Declaration and Consent

I affirm that all information provided in this application and in any supporting documentation provided with or for this application, is accurate and complete.

I understand that providing false or incorrect information or documentation in support of my application may result in my application being declined.

I understand the grant is considered income by the CRA but that ECEBC is unable to withhold income tax from the payment and that I am solely responsible for declaring this as income on my next annual tax return.

I understand my T4A slip (from the previous year) will be mailed to me via Canada Post to the address I have provided on my application form.

I consent to the verification of my employment information with the licensed child care facility/facilities I have identified and I understand that the verification of my ECE Certificate status may be confirmed with the ECE Registry.

I consent to ECEBC contacting me in the future to learn about my experience with the ECE Specialized Certification Grant.

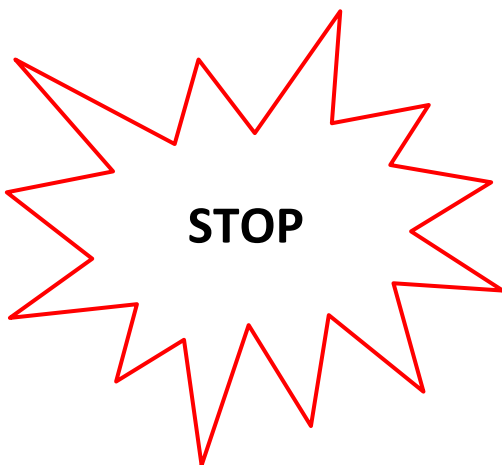
I understand that if any of my contact details or my banking information changes, I am required to inform the ECE Specialized Certification Grant Team at [specializationgrant@ecebc.ca](mailto:specializationgrant@ecebc.ca) immediately.

I would like more information about ECEBC's programs and services via email. Yes  No

I have read and fully understand the [ECE Specialized Certification Grant Guidelines](#) and fully agree to abide by the guidelines.

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_



- Have you filled in all areas of the application form?
  - Have you remembered to include your proof of residency?
  - Have you remembered to include your void cheque or direct deposit form?
- You are ready to submit your application.  
Please submit via the [dropbox link](#) provided on ECEBC's website.