



Early Investment in Education and Skills

Support for Workplace Training

Huron-Kinloss Business Information

Business Name:	
Address:	
Phone:	Email:
Contact:	

Training Information

Training Program:
Training Program details:
Location:
Dates Training offered:
Cost per person:

Applicants for Training Program

Applicant Name	Position
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Signature _____ Date _____

Applications received will be reviewed for approval. Program funding is limited. Funding is conditional on receiving a certificate or proof of completion.

Contact Information:

Kelly Lush, Township of Huron-Kinloss klush@huronkinloss.com 519-395-3735



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For Internal use only

Pre-approval date:	Certificate of Completion Received:
Date submitted for funding:	

Authorized Signature _____