



The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act s. 26(c) for the purpose of administering the Early Learning and Child Care Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1-888-338-6622 or inquire in writing to the address at the end of this form.

DS NUMBER (office use only)

Work Search: This form is used for the purposes of establishing eligibility for an applicant (or their spouse) who are looking for work. Record the work search activities of the person looking for work. Indicate at the start of the record whose activities are being recorded.

Applicant Information

(Information about the person who has applied for the Affordable Child Care Benefit)

Table with 4 columns: Last Name, First Name, Social Insurance Number, Phone

This is a work search record for

Name (Last, First, and Middle)

Describe your work search activities (Examples below):

Instructions: List the date, type of activity, time spent on that specific activity, business/contact name, phone number, and email address, or physical address. Sign and date this record before you submit it to the Child Care Service Centre.

- Preparing of resumes and/or cover letters
• Fact finding interviews
• Submitting applications, letters and/or resumes for employment
• Attending workshops for resume preparation or employment search
• Telephone inquiries to potential and specific employers
• Responding to newspaper ads, internet postings
• Participating in employment interviews

Table with 6 columns: Date of Activity, Type of Activity, Time (hrs) Spent, Business/Contact Name, Business Phone Number, Email or Physical Address of Business

Declaration

I confirm that: the information provided in this form and any additional pages is complete and accurate. I understand that I am required to immediately supply information to the Child Care Service Centre if there is a change to any information provided here or any subsequently provided information. This record accurately reflects my work search efforts. I understand this information will be used for further assessment of eligibility.

You must sign and date this form in order for it to be accepted.

Signature of Person Looking for Work and Date Signed (YYYY/MM/DD)

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1-877-544-0699
Toll Free Phone 1-888-338-6622
Website: gov.bc.ca/affordablechildcarebenefit

Mailing Address
Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3



This is a work search record for _____

Name (Last, First, and Middle)

Applicant Name (please print)	Social Insurance Number
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Date of Activity	Type of Activity	Time (hrs) Spent	Business/Contact Name	Business Phone Number	Email or Physical Address of Business
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