

Affordable Child Care Benefit Work Search Record

The personal information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for DS Number
(office use only) the purpose of administering the Child Care Subsidy Act. The Freedom of Information and Protection of Privacy Act protects the personal
information collected from unauthorized use and disclosure. 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 is 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)

Last Name	First Name	Social Insurance Number	Phone
This is a work search record for	Name (Leet First on	1 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

Date of Activity	Type of Activity	Time (hours) 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	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

Work Se	*K Search Record For: Name (Last, First and Middle)				
Applicant Nan	ne (please print)				Social Insurance Number
Date of Activity	Type of Activity	Time (hours) Spent	Business/Contact Name	Business Phone Number	Email or Physical Address of Business
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