

Atlantic Immigration Program

Employer Designation Application Form

[PROVINCE]

Acronym Glossary:

AIP – Atlantic Immigration Program

ECA – Educational Criteria Assessment

IRCC – Immigration, Refugees and Citizenship Canada

IRPA – Immigration and Refugee Protection Act

IRPR – Immigration and Refugee Protection Regulations

PR – Permanent Resident

TR – Temporary Resident

PA – Principal Applicant

SPO – Service Provider Organization

MOU – Memorandum of Understanding

LMIA – Labour Market Impact Assessment

TFW – Temporary Foreign Worker

NOC – National Occupational Classification

The Atlantic Immigration Program is an employer driven immigration program aimed at addressing labour market needs in the four Atlantic Provinces.

Designation is the first step for an employer interested in participating in the program. The designation process is designed to confirm that:

- The Atlantic Immigration Program is the immigration program best suited to address the employer's needs;
- The employer wants to hire full-time, non-seasonal international candidates, at a minimum of 30 hours/week;
- The employer and their business has been in continuous, active operation under the same management for at least two years in the Atlantic Region and in good standing as per the program guidelines;
- The employer has agreed to and demonstrated their commitment to maintain a welcoming workplace;
- The employer has committed to supporting the candidate and any accompanying family members' access to settlement services; and,
- The employer understands and agrees to the reporting requirements for the program.

Please complete this form if you are interested in being designated to participate in the Atlantic Immigration Program. You are required to complete this designation once. Future use of the program will be supported by your initial designation, provided it remains valid.

**Please note that home-based businesses and businesses located in residential homes may not be eligible for designation.*

Mandatory training with Immigration, Refugees and Citizenship Canada is required in order to endorse candidates under the program. Please note that you may register for and complete this training at any stage prior to applying for your first endorsement. To register for the mandatory training please follow this link:

EN: Canada.ca/atlantic-immigration-employer-training

FR: Canada.ca/immigration-atlantique-formation-employeur

Please refer to the *Guidelines for Designation and Endorsement* for further information on completing this form.

EMPLOYER DETAILS

Company Legal Name

Operating as (if applicable)

Name of primary authorized signing officer

Name of secondary authorized signing officer
(if applicable)

Position within company

Position within company (Secondary, if applicable)

() _____
Telephone

() _____
Telephone (Secondary, if applicable)

Email

Email (Secondary, if applicable)

Two-digit code(s) of business sector under the North American Industry Classification System (NAICS)

CRA Business Number

Corporate Registration number (e.g., [PROVINCE] Corporate Affairs Registry Reference Number)

Company Website

Mailing Address, including postal code

Business Location, including postal code

Designation for more than one location may be considered if all locations meet the eligibility criteria of the program.

*If you are applying for designation for more than one location within [Province], please list the business name, civic address and contact person for each on a separate page.

Have there been any complaints, investigations or decision(s) against your company including, but not limited to decisions under: Provincial labour standards/Federal labour standards/Occupational Health and Safety/Human Rights/Immigration, Refugee and Protection Act (IRPA) or Immigration, Refugee and Protection Regulations (IRPR)?

Yes No

If yes, you will be contacted by our office. Employers must currently be in good standing with provincial, occupational health and safety and labour authorities and not be in violation of the IRPA.

COMPANY DESCRIPTION

Year the company established in the province: _____

Number of years in continuous active operation in the province: _____

Number of years in continuous active operation under current management: _____

Total Number of Employees at the time of application: _____

Full Time Employees: _____ Part Time Employees: _____

Are you designating more than one location?

Yes No

If yes, more information may be requested by [PROVINCE]

Does your company have an approved Labour Market Impact Assessment (LMIA): Yes No

Does your company employ Temporary Foreign Workers with valid LMIA-exempt work permit? Yes No

If yes, provide the number of Temporary Foreign Workers with a valid work permit (not PRs/Canadians):

Number with LMIA: _____

Number of LMIA-exempt: _____

Describe your company's purpose and activities:

Is your business registered or operating from a residential address: Yes No

If yes, please describe the primary activities taking place at this location.

Is your business or any of your employees located in a temporary or shared (hub) space? Yes No

If yes, please describe your plans to supervise the employee and foster a welcoming workplace. Also describe your business' long term plans for workspace.

LABOUR NEEDS

The province must be satisfied that your business has the financial and other resource capacity to retain new hires for the duration of their contracts and may request additional information to validate this capacity.

Describe the labour gaps in your company and why you are considering hiring one or more candidate(s) through the Atlantic Immigration Program to address your labour needs.

To date, what methods have you used to recruit for these positions?

If known, please indicate in the table below the details on the position(s) you are planning to fill. We understand that this information may be approximate.

Job Title	NOC	Number of Positions
Location of Employment*	Salary**	Approximate Start Date
Job Title	NOC	Number of Positions
Location of Employment*	Salary**	Approximate Start Date
Job Title	NOC	Number of Positions
Location of Employment*	Salary**	Approximate Start Date

*where it differs from company address

**salary must comply with the range of wages for the occupation

Do you know approximately how many positions you intend to fill through the program over the next three years? Yes No

Please provide the number of expected hires in each of the following three years:

2022	2023	2024

Are these vacancies a result of business expansion or are they currently unfilled positions within your organization?

Expansion Current unfilled positions

Please explain: _____

USE OF A REPRESENTATIVE

If designated, employers must be diligent if using the services of an immigration representative, third-party recruiter, or recruitment/placement agency to hire employees. Employers must follow fair recruitment practices, be cautious in their hiring practices and respect applicable laws regarding the use of representatives and recruiters, where they exist.

If you used the services of an immigration representative, paid or unpaid, complete the following:

Company name Representative

Mailing address, including postal code

(_____) _____
Telephone Email Website

If you used the services of recruitment agency, paid or unpaid, complete the following:

Recruitment Agency Representative

Mailing address, including postal code

(_____) _____
Telephone Email Website

COMMITMENT TO SETTLEMENT SUPPORTS

Please refer to the Employer Designation Guidelines for information on the settlement commitments you are agreeing to make to candidates recruited by you under the Atlantic Immigration Program.

Collaboration with an immigrant settlement service provider organization: Indicate the name and contact information of the Settlement Service Provider you contacted to familiarize yourself with the settlement services available in your community. If the preferred service provider in your community/region is not on the [attached list](#), please provide details and explanation.

INTERCULTURAL COMPETENCY TRAINING

Employers hiring newcomers through the Program commit to fostering welcoming workplaces. Intercultural competency training can help you to take meaningful steps to welcome and integrate your newcomer employee(s), which will help you to retain internationally-trained talent in the long term. As such, each employer – preferably a senior manager may be expected to complete intercultural competency training before they can endorse candidates through the Program.

Have individuals in senior management positions in your organization completed an intercultural competency training course in the past two years? To qualify, the training should be 3-4 hours in length, and cover the following topics: Creating Welcoming and Culturally Inclusive Workplaces, Newcomer Experiences, Culture.

Yes No

If yes, please attach proof of completion of the training to your designation application (e.g. a certificate of completion, invoice, etc.) which includes the name of the training provider and the date the training was completed:

If your organization has in-house training that covers the same topics, please provide details below:

If no, register for intercultural competency training at a service provider free of charge. Please refer to the [attached list](#) for training service providers in your area. You will need to provide proof of completion of intercultural competency training when you apply to endorse your first candidate.

EMPLOYER DECLARATION

As the employer:

please initial on line beside each statement

_____ I agree to identify and hire qualified candidates.

- _____ I agree to apply for an endorsement from the Government of [province] for any candidate I am prepared to hire under the Atlantic Immigration Program, and accept the terms and conditions of the endorsement application.
- _____ I will provide a full-time, non-seasonal, genuine offer of employment to employees brought in to Atlantic Canada through this program.
- _____ I agree to cover the costs associated with a temporary work permit holder's return to their country of origin, where that individual would have applied for the NOC C level and where this designation has been revoked and [province] is unable to find the individual(s) alternate employment.
- _____ I agree to report on the number of candidates recruited under the Atlantic Immigration Program, their employment status, details on their position/wage/hours, and the settlement supports provided to them for up to three years after you hired them, or the duration of their employment if less than three years.
- _____ I agree to comply with the IRPA, IRPR, the province's labour standards and Occupational Health and Safety legislation as well as applicable Federal labour legislation for federally regulated companies.
- _____ I agree to fulfil my obligations to collaborate with an immigrant settlement service provider organization, ensure that the workplace is welcoming to newcomers, and provide support to access settlement services for candidates and their accompanying family member(s) which may include providing or paying for services that are not otherwise available as stated in the commitment to settlement supports, as in the Designation Application Guidelines.
- _____ I agree to provide further information as requested by the Government of [Province].
- _____ I understand that any violation of IRPA or IRPR will result in my employer designation being revoked.
- _____ I understand that any non-compliance with any federal or provincial legislation, or with the terms and conditions of the Atlantic Immigration Program may result in probation, suspension or termination from the Atlantic Immigration Program.
- _____ I commit to taking the mandatory onboarding training provided by Immigration, Refugees and Citizenship Canada (IRCC).
- _____ I commit to taking intercultural competency training, where the [Province] has deemed it appropriate or necessary.
- _____ I agree to immediately notify the Government of [Province] of any complaint, investigation or decision under IRPA, applicable labour codes, employment or health and safety standards or non-compliance with the terms of the Atlantic Immigration Program.
- _____ I agree to immediately notify the Government of [Province], in writing, if there are any changes in the ownership structure of the company, if the company is sold or if it closes, permanently or temporarily and if any changes occur with the position offered.
- _____ I agree to immediately notify the Government of [Province], in writing if the candidate quits, is terminated or is laid off from their position.
- _____ I declare that I will meet the above commitments outlined in this employer declaration, and that the information given in this form is truthful, complete and correct.

Yes No

*Failure to agree to the above terms of this Declaration will make you ineligible for the Atlantic Immigration Program.

By signing, I authorize the Government of [Province] to collect, use, retain, disclose, and destroy personal and business information for the Atlantic Immigration Program. If I have any questions about the collection, use, retention, disclosure, or destruction of personal and business information, I may contact the Government of [Province]. In addition, I authorize the Government of [Province] to research, monitor, and evaluate the Program under the authority of the [Province Privacy Act], the Immigration and Refugee Protection Act, and Regulations, and other relevant Government of Canada legislation.

I authorize immigration officials within the Government of [Province] to disclose personal and business information to the Government of Canada and to collect personal and business information from the Government of Canada as necessary for the purpose of assessing, verifying information, monitoring and evaluating the Atlantic Immigration Program or in the event of a suspected non-compliance with any provincial or federal law.

I authorize immigration officials with the Government of [Province] to disclose personal and business information to other Canadian provincial and territorial immigration officials, and to collect personal and business information from other Canadian provincial and territorial immigration officials, as necessary, for the purpose of assessing, verifying information, or in the event of any suspected non-compliance with provincial or federal law.

I understand that the Government of [Province] may contact any person to verify information provided by me in this form.

I consent to the Government of [Province] collecting, using, disclosing or destroying any personal, business and other information required as part of my company's involvement in the Atlantic Immigration Program for the purpose of evaluating the program and our participation in it.

I authorize the Government of [Province] to locate and contact me and my company for the purposes of administering and evaluating the program and our participation in it, to verify information provided to the Government of [Province] and to ensure compliance with commitments made to the Government of [Province] in this application or otherwise.

I consent to the Government of [Province] collecting, using, disclosing or destroying any personal, business and other information it obtains from me or from any federal, provincial, municipal or other local authority or any other person, department, agency or organization holding such information.

I have read, reviewed, acknowledge, agree and accept responsibility to the terms, requirements, and conditions set out in the Atlantic Immigration Program Designation Application Form and Guidelines.

Name of Authorized Signing Officer

Signature of Authorized Signing Officer

Title

Date (dd/mm/yyyy)

SUBMITTING THIS APPLICATION

Please submit the completed form to:

Postal Box Address (Mail)

[Address]

Civic Address (In person)

[Address]

Email:

[Address]

QUESTIONS

Contact the [Provincial Immigration Office] by phone at [phone number] or via email at [provincial email address] if you have any questions.