



**ATLANTIC**

**IMMIGRATION PROGRAM**

New Brunswick Employer Designation Application Form

**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 maintaining 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](https://Canada.ca/atlantic-immigration-employer-training)

**FR:** [Canada.ca/immigration-atlantique-formation-employeur](https://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)

January 2022

\_\_\_\_\_  
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., New Brunswick 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 New Brunswick please list the business name, civic address, and contact person for each on a separate page

Have there been any complaints, investigations, or decisions ( ) 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**

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 permits?  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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 New Brunswick

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:

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**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 law 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.

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**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 90 minutes 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:

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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 the line beside each statement\*

I agree to identify and hire qualified candidates

- I agree to apply for an endorsement from the Government of New Brunswick 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 New Brunswick 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/wages/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 fulfill 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 New Brunswick.
- 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 online training provided by Immigration, Refugees and Citizenship Canada (IRCC).

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- \_\_\_\_\_ I commit to taking intercultural competency training, where the Province has deemed it appropriate or necessary.
- \_\_\_\_\_ I agree to immediately notify the Government of New Brunswick 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 New Brunswick, 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 New Brunswick], 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 New Brunswick 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 New Brunswick. In addition, I authorize the Government of New Brunswick to research, monitor, and evaluate the Program under the authority of The Right to Information and Protection of 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 New Brunswick 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 New Brunswick 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 a suspected non-compliance with provincial or federal law.

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

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I consent to the Government of New Brunswick 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 New Brunswick 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 New Brunswick and to ensure compliance with commitments made to the Government of New Brunswick in this application or otherwise.

I consent to the Government of New Brunswick 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 THE APPLICATION

Submit completed applications by email to [AIP-PICA@gnb.ca](mailto:AIP-PICA@gnb.ca)

### QUESTIONS

If you have questions on other immigration streams, please contact the Government of New Brunswick by email: [immigration@gnb.ca](mailto:immigration@gnb.ca) or by phone at (506) 473-3851.