



Training Support Program Amendment Application



Amber Education Services Ltd. Suite 203 – 64 Station St. Duncan, BC V9L 1M4 Tel: (250) 715-0999 Fax: (250) 715-0993
Amber Education Services Ltd. Suite 101 – 360 Selby St. Nanaimo, BC V9R 2R5 Tel: (250) 714-0006 Fax: (250) 714-0076

Personal Information

| | | | |
|------------|-------------|---------------|--------------------------|
| Last Name: | First Name: | Phone Number: | Social Insurance Number: |
|------------|-------------|---------------|--------------------------|

Mailing address:

An increase in your Training Support Program contract may be requested when training-related expenses are higher than forecast. Requests for an increase due to higher personal expenses are unlikely to be approved unless hardship can be demonstrated.

| | |
|---|--|
| • Have you previously requested an amendment? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Is the requested item(s) mandatory for successful completion of the training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Is this amendment required due to changes in your training dates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Do you have any documentation to support this request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Request Details

Please explain the reason for the requested amendment:

| | | |
|---------------------------------------|---------------------------------------|------------------------|
| Training Related | Previous amount: | New amount: |
| | Tuition: _____ | Tuition: _____ |
| | Books: _____ | Books: _____ |
| | Course Supplies: _____ | Course Supplies: _____ |
| | Tools: _____ | Tools: _____ |
| Other: _____ <i>please specify</i> | Other: _____ <i>please specify</i> | |

| | | |
|-------------------|---------------------------------------|---------------------------------------|
| Personal Supports | Previous amount per month: | New amount per month: |
| | Transportation: _____ | Transportation: _____ |
| | Living Support: _____ | Living Support: _____ |
| | Dependant Care: _____ | Dependant Care: _____ |
| | Other: _____ <i>please specify</i> | Other: _____ <i>please specify</i> |

- Please attach supporting documents with this amendment application.
- If you have any questions about the amendment process, please contact us or consult our website, www.ambered.com, for TSP policies and other related information.

As per the Personal Information Protection Act (PIPA) we are collecting the information within this application in order to adjudicate the amendment request. A copy of our PIPA Policy can be obtained from our office. By signing this application you are giving consent for your personal information to be collected, used and disclosed between the Duncan and Nanaimo offices of Amber Education Services Ltd.

Applicant Signature: _____ Date: _____