Training Support Program
Amendment Application

Amber Education Services Ltd. 888 Short Street, Victoria, BC V8X 2V5 Tel: (250) 361-0900 Fax: (250) 361-0959
Amber Education Services Ltd. Suite 203 – 64 Station St. Duncan, BC V9L 1M4 Tel: (250) 715-0999 Fax: (250) 715-0993
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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? ☐Yes ☐No
- Is the requested item(s) mandatory for successful completion of the training? ☐Yes ☐No
- Is this amendment required due to changes in your training dates? ☐Yes ☐No
- Do you have any documentation to support this request? ☐Yes ☐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: _____ *please specify*	_____	Other: _____ *please specify*	_____

Personal Supports

Previous amount per month:		New amount per month:	
Transportation:	_____	Transportation:	_____
Living Support:	_____	Living Support:	_____
Dependant Care:	_____	Dependant Care:	_____
Other: _____ *please specify*	_____	Other: _____ *please specify*	_____

- 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 training request and verify if the applicant qualifies as an eligible insured participant. A copy of our PIPA Policy can be obtained from our office or at our website, www.ambered.com. By signing this application you are giving consent for your personal information to be collected, used and disclosed between the Amber Education Services Ltd and the Ministry of Housing and Social Development - Employment and Labour Market Services Division.

Applicant Signature: _____ Date: _____