



# Training Support Program - Pre-Application



## Personal Information

Last Name:	First Name:	Phone Number:	Social Insurance Number:
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Home address:

- Are you currently receiving Employment Insurance (EI) Benefits?  Yes  No Benefit End Date \_\_\_\_\_
  - If yes, specify type:  Regular  Medical  Maternity/Parental  Compassionate Care
- Have you received EI Benefits within the last 36 months (3 years)? **OR** Have you had a Maternity/Parental claim in the past 60 months (5 years)?  Yes  No

## Course Details

Course Name/Subject:	Institution:	City:	Start Date:
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Is the training institution:  Public  Private  Exempt *If private*: Is the training duration 12 weeks or longer?  Yes  No

Is the training:  Distance / Online  Classroom setting  Full Time  Part Time

## Client Eligibility Assessment

- Are you unemployed? **OR** Are you facing an imminent lay off?  Yes  No
- Have you exhausted your job search efforts with your current skills?  Yes  No
- Do you have a barrier keeping you from sustainable employment with your current skills?  Yes  No
  - Will your planned training resolve this barrier?  Yes  No
- Is there a strong chance of full-time employment after the training is completed?  Yes  No
- Do you have an apprenticeship number?  Yes  No

- Does your Return to Work Action Plan list the Training Support Program?  Yes  No
- Is the starting wage in the field of your training sufficient to support your monthly budget?  Yes  No
- Are you aware that Amber Education Services Ltd. requires 3 business days to assess a complete training application package?  Yes  No
- Are you aware that if your training and/or employment requires a Criminal Record Check/Medical Check-up/Driver's License/Other, a copy must be provided with the training application?  Yes  No
- Have you been accepted into the course?  Yes  No

- Do you have to pay to register in your course?  Yes  No
- Will your requested training result in changing industries from those in which you have traditionally worked?  Yes  No
- Are there any financial issues that could pose a risk to Training Support Program monies or successful completion of the training?  Yes  No

- Are you aware that the funds are taxable income and Amber Education Services Ltd. withholds a percentage of approved funds for income tax pre-payment? (except for tuition and dependant care)  Yes  No
  - Are you financially able to pay the required withholding for income tax purposes that will result from participating in the Training Support Program?  Yes  No

- 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](http://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.
- The requested training cannot have started prior to the approval of your Training Application Package by Amber Education Services Ltd.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Amber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

RTWAP Completed and Signed?  Yes  No

Note to File?  Yes  No

This Pre-Application will expire and be identified as withdrawn from the Training Support Program, 60 days from the date of submission.