



Training Support Program Quick Application



Read this sheet carefully

The Quick Application is to request financial assistance for training that is less than four weeks long. Amber may need further information than what is asked for with this application. Please bring your Return to Work Action Plan with this completed application.

The purpose of the Training Support Program is to help eligible individuals to return to full time work as soon as possible. Amber must be sure there is a strong chance of getting work when this training is finished. We use the labour market information you include with the application to determine this. The program is not for applications wanting (not needing) a career change, applicants looking to get a promotion or to work in a different job simply because the pay is better.

- For more information about the program, Amber has regularly scheduled Training Information Sessions in the following areas: Downtown Victoria, Colwood, Sooke, Saanich, Sidney, Salt Spring Island, Nanaimo, Duncan, and Parksville. For dates and times, please contact your local employment resource centre. Information is also available on-line at www.ambered.com.
- If you have any questions about the application package or need help to complete the application please call your local Amber office. We can help over the phone or set up an appointment. You can also contact us using email addresses found at www.ambered.com.
- Financial help is offered on a cost shared basis for eligible unemployed applicants.
- On page 3 you are asked to record your financial contribution as either cash or in kind. "In kind" means a non-cash contribution. For example, if you need daycare and someone will look after your children at no cost, this is an "in kind" contribution. If you are receiving EI Benefits, do not record them as your cash contribution.
- Money you receive under the Training Support Program will need to be added to your income for tax purposes. Amber will deduct a percentage of the funds for income tax purposes.
- Unresolved credit problems may result in your application being turned down as an unacceptable risk to Training Support Program funds.
- You need to include a letter from the school stating you can attend the training course or program you wish to take. Amber must approve the application before the first day of class.
- If training or employment needs items such as Grade 12 or equivalent, driver's license, medical check, criminal record check, etc. we will need a copy of these items with your application.
- Under the contract between the Government of British Columbia and Amber Education Services Ltd., personal information you provide in this application, including SIN, will be scanned and emailed to the Government of British Columbia.
- As per the Personal Information Protection Act (PIPA), we will ask for and keep a copy of your picture identification to confirm your identity and address.
- As per the Personal Information Protection Act (PIPA) we collect information from this application in order to ensure you qualify for the program and to decide if the request fits with the program guidelines. A copy of PIPA Policy is available at any of our offices or on our website, www.ambered.com.
- By signing this application you are allowing us to collect, share and use your personal information with the Ministry of Housing and Social Development, Employment and Labour Market Services Division.

Thank you for your interest in the Training Support Program.

Applicant Signature

Date



TRAINING SUPPORT PROGRAM

Taxation and your Financial Assistance
Information Sheet for Clients

Amber Education Services Ltd. has a contract with the Government of British Columbia to provide the Training Support Program. As part of this contract, Amber Education Services Ltd. is required to deduct income tax from financial assistance provided to participants of the Training Support Program. These deductions are forwarded to Canada Revenue Agency.

Financial assistance you receive from the Training Support Program is considered taxable income the year you receive it. Participants are issued T4e's for their income tax return.

- Amber Education Services Ltd. will deduct an amount for income tax from the money provided for training but no deduction will be taken from **tuition, dependant care and tax deductible disability support amounts** because tax credits may be claimed to offset any income tax payable on these amounts. The amount deducted for income tax is a percentage based on information entered on the Personal Tax Credits Return (TD1 and TD1BC) completed at time of contracting.
- Eligible institutions/programs may issue tax receipts which may be used for tuition tax credit. However, the tax receipt is only for training received in that tax year. Participants may wish to pay only the amount of tuition relating to the portion of training which takes place that year.
- Applicants currently receiving Government Child Tax Benefits and/or Harmonized Tax credit payments, may find these payments affected by financial assistance received from the Training Support Program.

An example if the deducted percentage for income tax was 10%

Item	Amount Requested (C)	10% Tax Deduction at source (D)	Amount Received from TSP (C) - (D)
Tuition	\$ 3,000.00		\$ 3,000.00
Course Supplies	\$ 100.00	\$ 10.00	\$ 90.00
Transportation	\$ 160.00	\$ 16.00	\$ 144.00
Books	\$ 500.00	\$ 50.00	\$ 450.00
Tax Deductible Disability Supports	\$ 200.00		\$ 200.00
Dependant Care (\$270/mo x 10mo)	\$ 2,700.00		\$ 2,700.00
Living Expenses (\$900/mo x 10mo)	\$ 9,000.00	\$ 900.00	\$ 8,100.00
Totals :	\$ 15,660.00	\$ 976.00	\$ 14,684.00

Please Note in this example:

- *The applicant requested a total of \$15,660.00, the cheques provided to the participant will total \$14,684.00.*
- *An amount equal to the 10% tax deduction at source needs to be provided by the participant in order to cover the remaining costs of Course Supplies, Books etc.*

I certify that I have read and understand the above tax information and tax consequences.

Applicant Signature

Date:



Training Support Program Quick Application

AES DOS

Personal Information

Last Name:		First Name:		Initial:	Social Insurance No.:
Date of Birth:	Age:	Gender:	Marital Status:		
Day / Month / Year		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Common-Law <input type="checkbox"/> Widow(er)	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Home Address:				City:	
Postal Code:		Mailing Address (if different):			
Home Phone Number: (250)			Alternate Contact Number: (250)		
Language Preference:			Citizenship:		
Spoken: <input type="checkbox"/> English <input type="checkbox"/> French Written: <input type="checkbox"/> English <input type="checkbox"/> French			<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident		

Course Details

Course Name:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Exempt If Private, PCTIA Code:
Training Institution:	
Address of Training Institution:	
Start Date: (as per Institute Acceptance Letter)	End Date: (including exam dates)
_____	_____
Day / Month / Year	Day / Month / Year

Client Eligibility Assessment

<ul style="list-style-type: none"> • Are you currently receiving Employment Insurance (EI) Benefits? <input type="checkbox"/>Yes <input type="checkbox"/>No <ul style="list-style-type: none"> • If yes, specify type: <input type="checkbox"/> Regular <input type="checkbox"/> Medical <input type="checkbox"/> Maternity/Parental <input type="checkbox"/> Compassionate Care • Have you received EI Benefits within the last 36 months (3 years)? OR Have you had a Maternity/Parental claim that began in the past 60 months (5 years)? <input type="checkbox"/>Yes <input type="checkbox"/>No
<ul style="list-style-type: none"> • Are you unemployed? OR Are you facing an imminent lay off? <input type="checkbox"/>Yes <input type="checkbox"/>No (Please provide a copy of the lay-off notice.) • Have you exhausted your job search efforts with your current skills? <input type="checkbox"/>Yes <input type="checkbox"/>No • Do you have a barrier keeping you from sustainable employment with your current skills? <input type="checkbox"/>Yes <input type="checkbox"/>No <ul style="list-style-type: none"> • Will your planned training resolve this barrier? <input type="checkbox"/>Yes <input type="checkbox"/>No • Do you have a financial need for this program? <input type="checkbox"/>Yes <input type="checkbox"/>No • Is there a strong chance of full-time employment after the training is completed? <input type="checkbox"/>Yes <input type="checkbox"/>No • Are you currently receiving Provincial Employment Assistance? <input type="checkbox"/>Yes <input type="checkbox"/>No
<ul style="list-style-type: none"> • Have you been accepted into the course? OR Is there a seat available for you? <input type="checkbox"/>Yes <input type="checkbox"/>No • Is the requested training less than 4 weeks in length? <input type="checkbox"/>Yes <input type="checkbox"/>No • Is the starting wage in the field of your training sufficient to support your monthly budget? <input type="checkbox"/>Yes <input type="checkbox"/>No • Have you applied? or Do you intend to apply for the Community Development Trust - Tuition Assistance (Forestry Worker - \$5000)? <input type="checkbox"/>Yes <input type="checkbox"/>No
<ul style="list-style-type: none"> • Are you aware that Amber Education Services requires 3 business days to assess a complete training application package? <input type="checkbox"/>Yes <input type="checkbox"/>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 application? <input type="checkbox"/>Yes <input type="checkbox"/>No
<ul style="list-style-type: none"> • The Training Support Program reimburses monthly expenses at the end of the month in which they were incurred. Are you able to pay monthly expenses and be reimbursed at the end of the month? <input type="checkbox"/>Yes <input type="checkbox"/>No How are you going to cover these costs until the end of the month? _____

Job Offer

Do you have a full time job offer upon completion of your training? Yes No

If yes, please attach a signed copy of your job offer on company letterhead and ensure it contains the following for verification:

- A job description and proposed start date of employment on letterhead; wage rate; work hours per week; contact name and phone number.

Please note: (a) Occupational Research and Labour Market Information will still be required for the region in which you will be working. (b) Job offers from institutions providing the applicant with training or "non-arms length" job offers will not be considered.

Employment History and Job Search

(1) Are you currently employed or self-employed? Yes No

If yes:

- Number of hours per week: _____ Full-time Part-time On-call

(2) Do you have an apprenticeship number? Yes No

(3) Why do you believe you have been unsuccessful in securing sustainable employment?

(4) Given your job search efforts, do you have a barrier(s) to employment? Yes No

If yes, please identify the barrier(s) and how training will overcome it:

History of Employment (please start with most recent)

Employer #1		From	To
Organization: _____	<input type="checkbox"/> Full Time		
Position held: _____	<input type="checkbox"/> Part Time	Day/Month/Year	Day/Month/Year
Duties performed:			
Reason for leaving:			
Employer #2		From	To
Organization: _____	<input type="checkbox"/> Full Time		
Position held: _____	<input type="checkbox"/> Part Time	Day/Month/Year	Day/Month/Year
Duties performed:			
Reason for leaving:			

Employment Prospects

(1) Is this training mandatory for you to be employable? Yes No

(2) Do you have any related experience, previous employment or transferable skills (including volunteering) in the occupational area in which you want to train? Please provide details:

QUESTIONS TO ASK POTENTIAL EMPLOYERS

Are there often job vacancies for this type of work? Yes No

Will there be growth in this occupation in the next three to five years? Yes No

Describe the number of vacancies that your labour market information/research indicates:

What specific training does this employer require for this occupation?:

What specific experience does this employer require for this occupation?

Does this position require: Criminal Record Check Driver's License Medical Check-up
Grade 12 or equivalent Other _____

Monthly Household Income and Expenses				
Monthly Household Income				\$
Monthly Household Expenses				\$
Request for Support Summary				
Please itemize the support you are requesting from Amber Education Services Ltd.				
Training Costs				(A) – (B) = (C)
Item	Amount (A)	My Contribution (B)		Amount Requested (C)
		Cash	In Kind	
Tuition (Amber contribution \$4000. maximum)	\$	\$	\$	\$
If tuition is greater than \$4000, how do you intend to pay that amount? _____	\$	\$	\$	\$
Books	\$	\$	\$	\$
Course Supplies	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Subtotal Training Costs:	\$	\$	\$	(D)\$

Additional Costs				(E) – (F) = (G)
Item	Amount (E)	My Contribution (F)		Amount Requested (G)
		Cash	In Kind	
Living Expenses	\$	\$	\$	\$
Commuting to and from school (only applicable if you will be commuting outside of your regular search area)	\$	\$	\$	\$
Living away from home expenses (applicable if you will be maintaining two residences)	\$	\$	\$	\$
Child Care (Only applicable while you are in school. If requesting, complete Dependant Care Information attached.)	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Subtotal Additional Costs:	\$	\$	\$	(H)\$
Total Support Requested (D + H):				\$

I certify that the information I have given is true, correct and complete in every detail. I understand any information noted may be checked by Amber. I am aware that action can be taken against me for making false statements or providing misleading information that may result in having to repay money to Amber or the government. I am aware that false statements may result in my application being declined.

Have you read the provided Tax Information Sheet for Clients? Yes No

Does the training institution issue a T2202A (Tuition, Education, and Textbook Amounts Certificate)? 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

I give my authorization for **Amber Education Services Ltd.** to obtain or exchange any personal information with any personal information agent towards establishing or verifying my financial standing. This includes authorizing Amber Education Services Ltd. to obtain reports from credit bureaus, retail credit companies or other such credit reporting companies.

I hereby give permission for Amber Education Services Ltd. to

-Verify information provided within this Application with the identified parties.

-Verify course information provided within this Application with the identified training institution.

-Share information with the Government of British Columbia including EI eligibility **by way of scanning and emailing.**

-Share outcomes with Case Managers

Are you associated through family or business with the agencies on your Return to Work Action Plan? Yes No

Applicant Signature

Date: (Day/Month/Year)



Dependant Care Information

Amber Education Services Ltd. requires the Dependant Care Provider contact information and the birthdates and names of the dependants for the purpose of verifying the need for dependant care support. If you use more than one Dependant Care Provider, please complete a form for each provider.

APPLICANT: _____

CONTACT INFORMATION OF DEPENDANT CARE PROVIDER:

Business Name _____

Address _____

Telephone Number _____

Name of Dependant:	Date of Birth	Reason for care (if not underage)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that each month's receipt is required. The receipts will need to include the name and address of the care provider, telephone number, amount paid, and dates of care. Expense receipts will initiate the disbursement of further funds.

Is the Dependant Care provider associated with you through family, business or personal relationship? Yes No

If yes, provide a brief explanation to support your choice of provider and why financial support is required.

Signature _____

Date _____



Amber Education Services Ltd. - Financial Status Confirmation

Victoria Office
Ph: (250) 361-0900

Nanaimo Office
Ph: (250) 714-0006

Cowichan Office
Ph: (250) 715-0999

(a) TO BE COMPLETED BY CLIENT (Please print clearly)

Name: _____ SIN: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Birthdate (Day/Month/Year): _____

Do you have an active EI Claim?..... Yes No

If yes, specify type: Regular Maternity/Parental Medical Compassionate Care

a) Are you expecting a call back to work from your previous employer? Yes No

If Yes, Date: _____

b) Does the print out from your "My EI Account" identify a Return to Work date? (please attach a copy of printout) Yes No

If no: Have you received EI benefits within the last 36 months (3 years), or had a maternity/parental claim within the last 60 months (5 years)? Yes No

a) Have you established an EI claim anywhere in Canada other than British Columbia within the last five (5) years? Yes No

If yes, please specify the province or territory: _____

Date of Application :

(b) TO BE OBTAINED BY AMBER EDUCATION SERVICES LTD.

Insured Participant: Yes No

1. Reachback: Yes No

2. Active Claimant: Yes No

If yes, specify type: Regular Maternity/Parental Medical Compassionate Care

Benefit Start Date: _____

Benefit End Date: _____

_____ (# of weeks) payable as of: _____ (Last Week Paid)

Benefit Rate (\$/week): \$ _____

Insured Participant is eligible for Long Tenured Worker? Yes No

ELMSD Representative

Date

(c) TO BE SIGNED BY CLIENT

I hereby give permission for the Government of British Columbia to confirm my insured participant status as outlined on this form to Amber Education Services Ltd. for the purpose of determining eligibility for the Training Support Program.

This authorization is valid for 3 months from the date of application.

Client Signature

Date

Submission checklist

Please check that the following documentation has been attached with your application:

- Acceptance letter
- Course cost breakdown
- Valid picture ID (i.e. Driver's License with current address)
- Proof of residence in our service area (if recently moved)
- Signed the 4 appropriate places within the application being the:
 - Cover page
 - Taxation and Financial Assistance page
 - Page 3
 - Financial Status Confirmation page
- Print out of "My EI Account" - **Only if currently on EI**
visit: www.servicecanada.gc.ca/eng/online/mysca.shtml
 - Click on "Access My Service Canada Account"
 - at Registered user? Click "Login to epass now"
 - Enter User ID, and User Password, and click the "Log In" button
 - Click on "Continue"
 - At the bottom of the page - Click - "I Agree"
 - Under Employment Insurance - Select "View my current claim"
 - You are now able to see and print your current claim details .

Please check if any of the following additional paperwork may be required:

- Job offer
- Job search list
- Medical note
- Course supply list
- Drivers license/abstract
- Criminal record check
- Comfort letters from creditors