



Training Support Program Renewal Application



Read this sheet carefully

The renewal application is meant to give Amber information to assess your financial needs during this portion of your training. Further information may be required.

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.

- If you have any questions about the renewal application or need help to complete it, contact your representative at 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 6 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 have successfully completed the first portion of your training and you can continue your schooling.
- If you have discovered that training or employment needs items such as Grade 12 or equivalent, driver's license, medical check, criminal record check, etc that you have not previously supplied, we will need a copy of these items with your renewal 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 Renewal Application Package

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Personal Information

Last Name:		First Name:		Middle Name:		Social Insurance No.:	
Date of Birth:	Age:	Gender:	Marital Status:		<input type="checkbox"/> Common-Law	<input type="checkbox"/> Divorced	
Day / Month / Year		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widow(er)	<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				<input type="checkbox"/> Canadian Citizen			
Written: <input type="checkbox"/> English <input type="checkbox"/> French				<input type="checkbox"/> Permanent Resident			

Course Details

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

If subsequent training is required, please complete additional course details.

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

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

Client Eligibility Assessment

(1) Are you currently receiving Employment Insurance (EI) Benefits? Yes No

If Yes:

- Specify type: Regular Maternity/Parental Medical Compassionate Care
- Have you worked since the start of your EI claim? Yes No

If No:

- Have you recently applied for EI? Yes No

(2) Have you received EI benefits within the last 36 months (3 years)? **OR** Have you had a maternity/parental claim within the past 60 months (5 years)? Yes No

(3) Are you currently receiving Provincial Employment Assistance? Yes No

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Office Contact Name Phone Number

(4) Have you been funded for any previous government supported training programs? Yes No

If yes: Please provide details:

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

If yes:

- Number of hours per week _____ Full-time Part-time On-call
- What is your usual gross rate of pay? \$ _____ per: Hour Week Month Year
- What is/are your main occupation(s)? _____
- Is your occupation seasonal? Yes No If yes, what months do you usually work? _____
- Are you facing an impending lay off? Yes No If yes, please provide a copy of the lay-off notice.
- Are you expecting a call back? Yes No
- Are the expected hours of training compatible with your expected hours of employment? Yes No

Training Support Program History

(1) Describe your academic successes while under support from Amber Education Services Ltd. (please attach transcript(s)):

(2) Describe any academic challenges you have encountered during your program so far:

Course Information

(1) What is the name and address of your school?

Name: _____ Campus: _____
Address: _____
Mailing address if different: _____

(2) Course Name: _____

(3) What are the total days/weeks of this course?

Total Days/Weeks: _____ Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

(4) Will there be any breaks in training? Yes No

If yes: Please provide dates: From: _____ To: _____
Day/Month/Year Day/Month/Year

(5) Which one of the following best describes the training format?

Classroom (Structured Setting):

- Number of classroom hours per day/week: _____
- Number of study hours per week: _____

Distance Education (Correspondence):

- How many hours a day are you expected to study? _____
- Does the school have deadlines for assignments? Yes No
- Do you have the necessary equipment to complete the course? Yes No
- How long is each component? Hours/Days/Weeks _____

Self-Paced (Unstructured classroom setting): Yes No (if yes, further information may be required)

(6) Is a practicum, perceptorship, clinical or work placement or an internship *mandatory*? Yes No

If yes: what are the total days or weeks that are required to be completed. _____

Start Date (day/month/year): _____ End Date (day/month/year): _____

For any *practicum/work or clinical placement/preceptorships or internships* to be supported it must meet Training Support Program policies which are similar to Canada Student Loan guidelines. It is because of this we ask if this training is eligible for Canada Student Loan funding. Yes No

(7) Have you been accepted into this portion of your training course? Yes No

If yes: **Please attach a copy of your written confirmation** (i.e. - acceptance letter and/or registration form on letterhead)

If no: Please provide the reason(s) why: _____

(8) When is the tuition due?

Date: _____
Day/Month/Year

Will the school accept a cheque payable to you delivered to the institution? Yes No

(9) Can tuition be paid in installments? Yes No

If yes, what are the installment due dates?

1 _____ 2 _____ 3 _____
Day/Month/Year Day/Month/Year Day/Month/Year

(10) Does the training institution issue a T2202A (Tuition, Education, and Textbook Amounts Certificate)? Yes No

(11) Is a deposit required? Yes No

If yes, please provide due date: _____
Day/Month/Year

Has this deposit already been paid? Yes No

Financial Information

The following information is used to determine the appropriate level of support to be provided by the Training Support Program.

Have you considered other sources of funding to assist you with your training plan?
(i.e.: bank loans, credit cards, scholarships/bursaries, Aboriginal funding, Forestry \$5000) Yes No

How many persons living in your household (excluding yourself) are dependents? _____

If you have dependants living in your household, fill in the Dependant Care Information sheet.

Do you have a roommate/tenant/border sharing household costs? Yes No

How many persons living in your household (excluding yourself) contribute to living expenses? _____

(Please include their income in your Budget Sheet)

Mortgage Balance	\$ _____	<input type="checkbox"/> N/A	Payment :	\$ _____	<input type="checkbox"/> N/A
Bank Loan (1) Balance	\$ _____	<input type="checkbox"/> N/A	Payment :	\$ _____	<input type="checkbox"/> N/A
Bank Loan (2) Balance	\$ _____	<input type="checkbox"/> N/A	Payment :	\$ _____	<input type="checkbox"/> N/A
Credit Card(s) Balance	\$ _____	<input type="checkbox"/> N/A	Payment :	\$ _____	<input type="checkbox"/> N/A
Line of Credit Balance	\$ _____	<input type="checkbox"/> N/A	Payment :	\$ _____	<input type="checkbox"/> N/A

Total Outstanding Balance \$ _____

Total Payments \$ _____

Are your personal debt payments up to date? Yes No

Value of the following:

RRSP:	\$ _____	<input type="checkbox"/> N/A	Savings:	\$ _____	<input type="checkbox"/> N/A
Investments:	\$ _____	<input type="checkbox"/> N/A	Other:	\$ _____	<input type="checkbox"/> N/A
Other Property:	\$ _____	<input type="checkbox"/> N/A			

Are you aware of any monies/claims currently filed/pending with you? (ie: Family Maintenance, ICBC, WCB, bankruptcy proceedings, law suits) Yes No

Have you ever declared bankruptcy? Yes No

If yes, date of discharge: _____

Do you have an outstanding debt to the Government of Canada? Yes No

If yes, please specify:

<input type="checkbox"/> EI	\$ _____	<input type="checkbox"/> Penalties	\$ _____	<input type="checkbox"/> Canada Student Loan	\$ _____
<input type="checkbox"/> GST	\$ _____	<input type="checkbox"/> Income Tax	\$ _____	<input type="checkbox"/> Training Allowances	\$ _____

Have you applied for a Canada Student Loan to assist with course costs? Yes No

Have you been approved for a Canada Student Loan? Yes No

If yes, have you accessed monies from this Canada Student Loan? Yes No

Budget			
Net Monthly Household Income		Basic Monthly Living Expenses	
Current		Current	
EI Benefits	\$	Rent / Mortgage	\$
Employment Assistance Benefits	\$	Living Costs (food, clothing, etc.)	\$
Pension Income	\$	Utilities	\$
Disability Income	\$	Transportation	\$
WCB / Vocational Rehab Benefits	\$	Vehicle insurance	\$
Income (from part-time employment)	\$	Medical / Dental	\$
Spouse / Partner Income	\$	Debt Payments	\$
Child care subsidy	\$	Property taxes	\$
HST tax credit	\$	House insurance	\$
Child tax credit	\$	Tenant insurance	\$
Child support	\$	Child support / daycare	\$
Alimony support	\$	Alimony support	\$
Student loan / bursaries	\$	Lease payments	\$
Room / Board rental income	\$	Other (please specify):	\$
Aboriginal funding	\$	Other (please specify):	\$
Other (please specify):	\$	Other (please specify):	\$
Other (please specify):	\$	Other (please specify):	\$
TOTAL	\$	TOTAL	\$

Changes to Budget while in training					
Once in training, will any of the above categories change? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please provide details below: (If the change results in a reduction use a negative number)					
Changes to net monthly income			Changes basic monthly living expenses		
Category that will change	Date of Change		Category that will change	Date of Change	
EI Benefits (Ending)	\$		Rent / Mortgage	\$	
Employment Assistance (Ending)	\$		Living Costs (food, clothing, etc.)	\$	
Spouse / Partner Income	\$		Other (please specify):	\$	
Other (please specify):	\$		Other (please specify):	\$	
Other (please specify):	\$		Other (please specify):	\$	
TOTAL	\$		TOTAL	\$	

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

Request for Support

Please itemize the support you are requesting

Training Costs				(A) – (B) = (C)
Item	Amount (A)	My Contribution (B)		Amount Requested (C)
		Cash	In Kind	
Tuition (Amber contribution \$4000. max per Return to Work Action Plan)	\$	\$	\$	\$
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 (\$ _____ x _____ Months)	\$	\$	\$	\$
Change in Budget (\$ _____ x _____ Months)	\$	\$	\$	\$
Commuting to and from school (Only applicable if you will be commuting outside of your regular search area) (\$ _____ x _____ Months)	\$	\$	\$	\$
Living away from home expenses (applicable if you will be maintaining two residences) (\$ _____ x _____ Months)	\$	\$	\$	\$
Child Care (Only applicable while you are in school. If requesting, complete Dependant Care Information attached.) (\$ _____ x _____ Months)	\$	\$	\$	\$
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.

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.

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

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