



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 Goods and Services 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 Self-Employment Application

AES DOS			
Personal Information			
Last Name:		First Name:	Middle Name:
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: ()		<input type="checkbox"/> Cell Number: () <input type="checkbox"/> Alternate Phone Number: ()	
Email address:		Emergency Contact Phone Number: Name:	
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	
Additional Information - VOLUNTARY ONLY			
Would you describe yourself as:		Are you living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status <input type="checkbox"/> Registered First Nations - On reserve <input type="checkbox"/> Registered First Nations - Off reserve		<input type="checkbox"/> Speaking <input type="checkbox"/> Visual <input type="checkbox"/> Hearing <input type="checkbox"/> Learning <input type="checkbox"/> Agility <input type="checkbox"/> Motor Skills <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____	
Do you consider yourself to be a visible minority?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 additional training is required, please complete additional 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	
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	

Client Eligibility Assessment

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

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

Do you have an apprenticeship number? Yes No

Are you currently receiving Provincial Employment Assistance? Yes No

_____ () _____

Office Contact Name Phone Number

Have you been funded for previous Service Canada Programs? Yes No

If yes: Please provide details:

Have you applied? or Do you intend to apply for the Community Development Trust - Tuition Assistance (Forestry Worker - \$5000)? Yes No

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

If yes, have you been approved for a Canada Student Loan? Yes No

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

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

If yes, please specify:

EI \$ _____ Penalties \$ _____ Income Tax \$ _____

GST \$ _____ Canada Student Loan \$ _____ Training Allowances \$ _____

Educational Background

Highest Grade Completed (circle one) 8 9 10 11 12 Province: _____

Year Completed: _____ Country: _____

Post Secondary Education

Course/Program	Start (Approx.)	End (Approx.)	Completed?	Province, Country
Course: _____ Institution: _____ Certification: _____	Day/Month/Year	Day/Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Course: _____ Institution: _____ Certification: _____	Day/Month/Year	Day/Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Course: _____ Institution: _____ Certification: _____	Day/Month/Year	Day/Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Search and Employment History

(1) 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? _____
- Do you expect to be laid 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

(2) What type(s) of work have you been seeking? (if additional space is required, please attach a separate page.)

(3) In what geographical area have you been looking for employment?

(4) When did your active job search begin?

(5) Will you be able to provide a job search list if requested? Yes No

(6) Are you seeking a career change? Yes No

If yes and if you are unable to seek employment due to a medical condition, please submit a Doctor's letter identifying that:

- A career change is needed
- You are capable of participating in the training
- You are job ready and capable of fully participating in your chosen field of employment

Note: Doctor's letters provided to the Training Support Program must be on the doctor's office stationary, signed and dated by the physician.

History of Employment over the past 5 years (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: _____			
Employer #3		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: _____			

Market Research

In order to assess basic viability of your proposed idea, please provide a summary of your market research. Include details that demonstrate demand for your product or service, such as the price, the frequency of purchase and the quantity that any one customer may purchase in a time period such as day/week/year. The inclusion of letters of intent to purchase would be beneficial.

Educational Interview

The information should show you have researched your training choice and that the training is in an occupation or skill for which there are job opportunities.

(1) Are you currently attending school? Yes No

(2)a Were you attending school full-time during the last academic year? Yes No

(2)b If yes, do you intend to return to school in the upcoming academic year? Yes No

(3) Have you compared the course content/costs/graduates success in finding jobs for this training with similar courses at other training institutions? Please summarize the reasons for your choice of institution. Yes No

(4) What is the name and address of your chosen training institution?

Name: _____ Campus: _____

Address: _____

Mailing address if different: _____

Contact Person: _____ Phone No.: (____) _____

(5) In view of the number of participants in each class, the number of in-takes and the number of institutions offering this program, are graduates finding employment in this area? What are the post graduates employment outcomes?

(6) What types of employers/industries recognize this certificate/designation as being required/sufficient to get employment?

(7) Is this training full-time or part-time as defined in the school's curriculum? Full-time Part-time

(8) 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? _____ Yes No

• 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):

• Number of hours of required classroom time per week: _____

• Number of hours of study time per week: _____

• Are there deadlines for assignments? Yes No

• Do you have the necessary equipment to complete the course? Yes No

Educational Interview (Continued)

(9) Are there prerequisites to the course? Yes No
If yes: Have you successfully obtained the specific requirements? Yes No
Please provide details below:

Are any of the following required for acceptance into the program and/or practicum: Yes No
Criminal Record Check Medical Check-up Driver's License Grade 12/GED Other _____

(10) Is a practicum, clinical placement or preceptorship *mandatory* for course completion? Yes No
If yes: what are the total days/weeks of the practicum, clinical placement or preceptorship?: _____
Start Date (day/month/year): _____ End Date (day/month/year): _____

NOTE: In order for the ***practicum/clinical placement/preceptorship*** component to be considered for support it must meet Training Support Program policies. Please contact Amber Education Services Ltd. for details.

(11) What are the total days/weeks of this course?
Total Days/Weeks: _____ Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

(12) Will there be any breaks in training? Yes No
If yes: Please provide dates: From: _____ To: _____
Day/Month/Year Day/Month/Year

Note: If you have been accepted by the training institution you must provide a copy of a *letter of acceptance* from the training institute which is required to contain the following:

- ✓ Course start and course end date
- ✓ Course name
- ✓ Break down of costs
- ✓ Tuition payment schedule
- ✓ Number of hours per week in training
- ✓ Scheduled breaks in training, if applicable

(13) Have you been accepted into the 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:

(14) When is the tuition due? Date: _____
Day/Month/Year

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

(15) Can tuition be paid in instalments? Yes No
If yes, what are the instalment due dates?
1. _____ 2. _____ 3. _____
Day/Month/Year Day/Month/Year Day/Month/Year

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

(17) Is a deposit required? Yes No If yes, please provide due date: _____
Day/Month/Year

Has this deposit already been paid? Yes No

Educational Interview (Continued)

Upon course completion, list specific job(s) you will be qualified to apply for:

Job Title: _____ Pay range: _____

Job Title: _____ Pay range: _____

Total hours per week: _____

Is the work: Full-Time Part-Time Contract Basis Seasonal On-call Casual

If these jobs are not available locally, are you willing to move to another area in order to work upon completion of training?

Yes No If yes, what area? _____

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 dependants? _____

(Note: If you require dependant care, fill in the dependant care form.)

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? (i.e.: Family Maintenance, ICBC, WCB, bankruptcy proceedings, law suits) Yes No

Have you ever declared bankruptcy? Yes No

If yes, date of discharge: _____

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? Yes No

How are you going to cover these costs until the end of the month? _____

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	\$
GST 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 Summary

Please itemize the support you are requesting from Amber Education Services Ltd.

Training Costs

Item	Amount	My Contribution		Amount Requested
		Cash	In Kind	
Tuition & Fees	\$	\$	\$	\$
Books	\$	\$	\$	\$
Course Supplies	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Subtotal Training Costs:	\$	\$	\$	\$

Additional Costs

Item	Amount	My Contribution		Amount Requested
		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:	\$	\$	\$	
Total Support Requested:				\$

I certify that the information I have given is true, correct and complete in every respect and it will be used to determine the appropriate amount of support needed for me to take the required training. I understand it may be subject to verification by Amber Education Services Ltd. I am aware that action can be taken against me for making false statements or providing misleading information that may result in my being assessed an overpayment and a potential monetary penalty. 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 between Government of British Columbia including EI eligibility.
- 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)

Cash Flow Projections Year 1

	REVENUE	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	TOTAL
1	Sales													
2	less Cost of Sales													
3	Gross Margin (line 1 - line 2)													
4	Other Revenue													
5	TOTAL REVENUE (line 3 + line 4)													
	EXPENSES													
6	Rent													
7	Manager's Salary													
8	Other Salary													
9	Professional Fees													
10	Advertising													
11	Telephone													
12	Repair & Maint													
13	Licence/Insurance													
14	Loan Payments													
15	Bank Charges													
16	Transportation													
17	Office Supplies													
18	Travel													
19	Utilities													
20	Other Expenses													
21	Contingency													
22	TOTAL EXPENSES (add line 6 thru line 21)													
23	SURPLUS (DEFICIT) (line 5 - line 22)													
24	Opening Cash Balance													
25	Closing Cash Balance (line 24 + line 23)													



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
- Labour market information
- 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 9
 - 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 .
- Canada Revenue Agency - Personal Tax Credits Return (TD1)
- British Columbia - Personal Tax Credits Return (TD1BC)

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