



# Training Support Program Application Package



(This cover sheet must be returned with application submission)

This application is intended to provide Amber Education Services Ltd. with information to assess your training request. **We require a copy of your Return to Work Action Plan which lists Amber Education Services Ltd. as your next step. We recommend that the pre-application be reviewed prior to submitting the training application package.**

**Note:** The mandate of the Training Support Program is to assist eligible individuals in returning to the work force in the most direct route to sustainable employment. Amber Education Services Ltd. must validate that the training proposed has a strong likelihood of resulting in employment as supported by labour market information.

- For more information about the program, Amber Education Services offers a Training Information Session on a scheduled basis in the following areas: Downtown Victoria, Colwood, Sooke, Saanich, Sidney, Salt Spring Island, Nanaimo, Duncan, Parksville, Ladysmith and Lake Cowichan. For dates and times, please contact your local employment resource centre. Information is also available on-line at [www.ambered.com](http://www.ambered.com).
- For clarification of any questions within this application package, Amber Education Services Ltd. offers a Training Support Program Application Advisor to assist you with your application. Please contact your local office for an appointment. The email address for: Duncan is [applicationadvisorcowichan@ambered.com](mailto:applicationadvisorcowichan@ambered.com), Nanaimo is [applicationadvisornanaimo@ambered.com](mailto:applicationadvisornanaimo@ambered.com) and Victoria is [applicationadvisorvictoria@ambered.com](mailto:applicationadvisorvictoria@ambered.com)
- Financial assistance is offered, on a cost shared basis, for eligible unemployed workers. This assistance is designed for those who require training and could not afford it without support.
- On page 9, you are asked to record your financial contribution, whether it be cash or in kind. "In kind" is defined as a non-cash contribution. For example, if you require 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.
- Financial assistance you receive under the Training Support Program will be included in your income for tax purposes. Amber Education Services Ltd. will withhold a portion of your financial assistance for tax purposes.
- The requested training cannot have started prior to the approval of your Training Application Package by Amber Education Services Ltd. An unconditional acceptance letter will be required with your application.
- If intended training/employment requires pre-screening such as: Grade 12 or equivalent, driver's license, medical check, criminal record check, etc. then we will require a copy of such with your application.
- Please be aware that any unresolved credit issues may result in your Training Application Package being declined in light of unacceptable level of risk to Training Support Program funds.
- As per the contract between Government of British Columbia and Amber Education Services Ltd., personal information provided in this application, in relationship to our contract, will be disclosed to Government of British Columbia.
- As per the Personal Information Protection Act (PIPA) we will request and retain a copy of picture identification to verify the address submitted within this application and to confirm the identity of the Training Support Program applicant/participant.
- 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.

Thank you for your interest in this program.

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Applicant Signature

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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 Goods and Services Tax credit payments, may find these payments affected by financial assistance received from the Training Support Program.

<b>An example if the deducted percentage for income tax was 10%</b>			
<b>Item</b>	<b>Amount Requested (C)</b>	<b>10% Tax Deduction at source (D)</b>	<b>Amount Received from TSP (C) - (D)</b>
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
<b>Totals :</b>	<b>\$ 15,660.00</b>	<b>\$ 976.00</b>	<b>\$ 14,684.00</b>

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 Application Package

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## 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: Spoken: <input type="checkbox"/> English <input type="checkbox"/> French Written: <input type="checkbox"/> English <input type="checkbox"/> French			Citizenship: <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 government supported training 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

Year Completed: \_\_\_\_\_

Province: \_\_\_\_\_

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: _____			

## Occupational Research and Labour Market Information

Occupational Research and Labour Market Information is used to determine if your training program will result in steady, stable or on-going employment. Please demonstrate your labour market research with a "Summary of Knowledge" including a minimum of 3 related employment advertisements.

Summary of your knowledge of the career area based on independent occupational research which would address the following:

- Will there be growth in this occupation in the next three to five years?
- Are there often job vacancies for this type of work and what are the job duties/description?
- What occupation(s) will your training program qualify you to enter?
- Does this position require, for example, Criminal Record Check, Driver's License, Medical Check-up or Grade 12? If so, have you met these conditions?
- What would be the starting gross wage/salary range?
- Are the hours of work full-time, part-time, contract, seasonal or on-call?
- What specific training and/or experience does the employer require for this occupation?

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 and 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 education institutes providing applicant with training or "family related" job offers will not be considered.

**AND**

Please provide, as a separate attachment, at least three recent local advertisements directly related to this occupation or the same for other regions if you are planning to relocate.

## 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

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(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?

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

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(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? \_\_\_\_\_

• 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	
El 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):	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

### Changes to Budget while in training

Once in training, will any of the above categories change?  Yes  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
El 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):	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

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):	\$	\$	\$	\$
<b>Subtotal Training Costs:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### 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):	\$	\$	\$	\$
<b>Subtotal Additional Costs:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Support Requested:</b>				<b>\$</b>

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)



## 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](http://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