



Training Support Program Application Package



Public School

Read this sheet carefully

This application is to give Amber Education Services Ltd. (Amber) information to process your training request. We need a copy of your Return to Work Action Plan which states the Training Support Program is your next step. In order to ensure basic qualifications to the program are met, we suggest you complete the pre-application before you fill out this 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 pages 9 and 10 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

Amber Education Services Ltd. Suite 203 – 64 Station St. Duncan, BC V9L 1M4 Tel: (250) 715-0999 Fax: (250) 715-0993

Amber Education Services Ltd. Suite 101 – 360 Selby St. Nanaimo, BC V9R 2R5 Tel: (250) 714-0006 Fax: (250) 714-0076

Amber Education Services Ltd. 888 Short Street, Victoria BC V8X 2V5 Tel: (250) 361-0900 Fax: (250) 361-0959



TRAINING SUPPORT PROGRAM

Taxation and your Financial Assistance
Information Sheet

All financial assistance you receive from the Training Support Program is considered taxable income the year you receive it. Amber is required to forward to Canada Revenue Agency money for income tax purposes. Amber issues T4e forms in February every year. These forms show income and deductions. These totals MUST be included on your tax return.

- Amber will deduct an amount for income tax from some types of money provided for training. Usually the amount of the deduction is 10% of the amount of the cheque. **No** deduction is usually taken from **tuition, dependant care** and **tax deductible disability support** amounts because tax credits may be available to offset any income tax on these amounts. See below for an example of how deductions are calculated. We will ask you to complete government tax forms Personal Tax Credits Return TD1 and TD1BC when you sign Amber's contract documents .
- Eligible institutions/programs may issue tax receipts which can be used for tax credits. Talk to your school to see if they issue these receipts (known as form T2202A)
- Applicants currently receiving Government Child Tax Benefits and/or Harmonized Services Tax credit payments may find these payments affected by money received from this program. These benefits change when you send in your annual income tax forms.

An example if the deducted percentage for income tax was 10%			
Item	Amount Requested (C)	10% Tax Deduction (D)	Amount from Amber (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

In this example:

- *The student requested \$15,660.00 but the cheques provided to the student total \$14,684.00.*
- *The 10% tax deduction needs to be covered by the student. In the above example, the student must pay \$50 of the \$500 cost of the books, \$10 of the \$100 for supplies etc.*

I certify that I have read and understand the above information about the possible tax effects of the Training Support Program.

Applicant Signature

Date:



Training Support Program Application

Public School

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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"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Divorced		
Day / Month / Year		<input type="checkbox"/> Female	<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:			<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		<input type="checkbox"/> Canadian Citizen			
Written: <input type="checkbox"/> English		<input type="checkbox"/> French		<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 Aboriginal	<input type="checkbox"/> Speaking	<input type="checkbox"/> Visual	<input type="checkbox"/> Hearing
<input type="checkbox"/> Registered First Nations - On reserve			<input type="checkbox"/> Learning	<input type="checkbox"/> Agility	<input type="checkbox"/> Motor Skills
<input type="checkbox"/> Registered First Nations - Off reserve			<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		

Training Details

Name of Course or Training Program:	
Training Institution:	
Start Date:(on the acceptance letter)	End Date: (including exam dates)
_____	_____
Day / Month / Year	Day / Month / Year
Complete only if additional training or courses are needed.	
Name of Course or Training Program:	
Training Institution:	
Start Date:(on the acceptance letter)	End Date: (including exam dates)
_____	_____
Day / Month / Year	Day / Month / Year
Name of Course or Training Program:	
Training Institution:	
Start Date:(on the acceptance letter)	End Date: (including exam dates)
_____	_____
Day / Month / Year	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 for 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:

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

Educational Background

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

Post Secondary Education

Course/Program/Training	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

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

History of Employment over the past 5 years (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

Job research and labour market information is used to determine if this training will result in long term, steady, full time employment. Show us your labour market research with a 'Summary of Knowledge' that includes three employment ads (from towns/cities in which you are willing to move to -if necessary- to get work). Ensure the topics below are included in your notes.

- 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.

REMEMBER

Attach to your application at least three recent advertisements directly related to this occupation in towns or cities in which you are planning on looking for work.

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

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

(3) Have you compared the course with similar courses at other schools? Yes No

Tell us why you chose this school.

(4) What types of employers look for this training from job applicants?

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

Name: _____ Campus: _____

Address: _____

Mailing address if different: _____

Program Leader/Contact _____ Phone No.: () _____

(6) What does the school report about graduates of this program finding work?

(7) Is this training full-time or part-time as defined by the school? Full-time Part-time

If applicable, how many credits per course? _____

If applicable, how many credits are required to graduate? _____

(8) Which is the type of training you will receive?

Classroom:

• Number of classroom hours per week: _____

• Number of study hours per week: _____

Distance Education (Correspondence):

• How many hours a week 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 training? Yes No

Educational Interview (Continued)

(9) Are there prerequisites for this training? Yes No
If yes: Have you met these requirements? Yes No
 Please provide details below:

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

(10) Is a practicum, perceptorship, clinical or work placement or an internship *mandatory*? Yes No
If yes: what are the total days or weeks are that are required to be completed. _____

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

NOTE: 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

(11) What are the total days/weeks of this training?
 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

(13) Have you been accepted into the course? Yes No

Note: If you have been accepted by the training institution into a training program, you must provide information which contains the following:

- ✓ Name of Training Program
- ✓ Training Program start and anticipated end dates
- ✓ Break down of costs of tuition, books and supplies (approximate costs acceptable)
- ✓ Tuition payment schedule
- ✓ Number of hours per week in training or verification course is considered full time
- ✓ Scheduled breaks in training, if applicable

(14) What do you expect the total amount of tuition to be for this training (include **all** fees in total)? \$ _____

(15) Currently, the Training Support Program can only contribute a maximum of \$4000. towards tuition payments. If the required tuition is greater than \$4000, how do you intend to pay any additional amount? It should be noted that your tuition contribution **MUST** be made before ANY funds are paid out by Amber.

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

(17) 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

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

(19) Is a deposit required? Yes No
 If yes, please provide due date: _____ Has this deposit already been paid? Yes No
Day/Month/Year

Note: Deposits may be deemed to be part of your contribution to your training.

Educational Interview (Continued)

Once you have graduated from this training, list 2 specific jobs you will be qualified to apply for:

Job Title: _____

Pay range: _____

Job Title: _____

Pay range: _____

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

If jobs are not available locally, would you move to another area in order to work upon completion of training? Yes No

If yes, what area? _____

Financial Information

Are you planning on using other sources of funding help you with your training?
(i.e.: bank loans, credit cards, scholarships/bursaries, Student Loans, Forestry \$5000) Yes No

How many people, not including you, are living in your home? _____

How many of these people are dependants? _____ OR

Are you a dependant living in the family home? Yes No

Do you have a partner/spouse/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 \$ _____ N/A

Monthly Pymt: \$ _____ N/A

Bank Loan (1) Balance \$ _____ N/A

Monthly Pymt: \$ _____ N/A

Bank Loan (2) Balance \$ _____ N/A

Monthly Pymt: \$ _____ N/A

Credit Card(s) Balance \$ _____ N/A

Monthly Pymt: \$ _____ N/A

Line of Credit Balance \$ _____ N/A

Monthly Pymt: \$ _____ N/A

Total Outstanding Balance \$ _____

Total Payments \$ _____

Are your personal debt payments up to date? Yes No

Value of the following:

RRSP: \$ _____ N/A

Investments: \$ _____ N/A

Savings: \$ _____ N/A

Other Property: \$ _____ N/A

Other: \$ _____ N/A

Are you aware of any claims between you and any of the following: Family Maintenance, ICBC, WCB, bankruptcy proceedings, law suits, etc. Yes No

Have you ever declared bankruptcy? Yes No

If yes, date of discharge: _____
Month/Year

Funds for living expenses are paid based on your attendance between the 21st of the month and the 20th of the following month. If the start date of your training is before the 21st of the month, the living support may be a smaller amount in that month.

Are you able to pay monthly expenses until the end of the attendance interval described above? Yes No

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

Budget			
Net Monthly Income		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 credits	\$	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 able to pay the required amount withheld for income tax purposes (i.e. 10% of book costs and 10% of living support payments, etc)? Yes No

Request for Financial Assistance

The maximum amount of tuition assistance that Amber can provide is \$4000.00 towards any one course or program (\$4000 max per Return to Work Action Plan).

Amber is aware that often an exact total for tuition costs may not be available.

Is the tuition payment (including all fees) for the entire length of this training expected to be over \$4000.00? Yes No

If Yes, how will you pay the amounts over \$4000.00?

School Costs

First Semester or total program costs

Item	Total Amount Needed	I can supply		Amount Requested from Amber
		Cash	In Kind	
Approximate Tuition (include ALL Fees)	\$	\$	\$	\$
Books	\$	\$	\$	\$
Course Supplies	\$	\$	\$	\$
Other <i>(please specify)</i> :	\$	\$	\$	\$
Other <i>(please specify)</i> :	\$	\$	\$	\$
1st Semester subtotal:	\$	\$	\$	\$

ARE 2ND SEMESTER COSTS EXPECTED TO BE THE SAME AS FIRST SEMESTER? Yes No

If no, complete below

Second Semester

Item	Total Amount Needed	I can supply		Amount Requested from Amber
		Cash	In Kind	
Approximate Tuition (include ALL Fees)	\$	\$	\$	\$
Books	\$	\$	\$	\$
Course Supplies	\$	\$	\$	\$
Other <i>(please specify)</i> :	\$	\$	\$	\$
Other <i>(please specify)</i> :	\$	\$	\$	\$
2nd Semester subtotal :	\$	\$	\$	\$

If other semesters are required please note approximate costs to complete training and the expected dates of this training.

Start Date: _____ End Date: _____
Day/Month/Year Day/Month/Year

TOTAL SCHOOL COST:	\$	\$	\$	*\$
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*report this total on page 10

Request for Assistance

Other Costs				
Item	Total Amount Needed	I can supply		Amount Requested from Amber
		Cash	In Kind	
Living Expenses (\$ _____ x _____ Months)	\$	\$	\$	\$
Change in Budget (\$ _____ x _____ Months)	\$	\$	\$	\$
Transportation - Gas & Parking (Only if you will be commuting outside of your regular job search area) (\$ _____ x _____ Months)	\$	\$	\$	\$
Living away from home expenses (\$ _____ x _____ Months)	\$	\$	\$	\$
Child Care (complete dependant care form attached) (\$ _____ x _____ Months)	\$	\$	\$	\$
Other (please specify):	\$	\$	\$	\$
Subtotal Other Costs:	\$	\$	\$	\$
Total School Costs on page 9				\$
Total Amount Requested:				\$

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 information agent to verify my financial information. **This includes authorizing Amber Education Services Ltd. to obtain reports from credit bureaus, retail credit companies or other such credit reporting companies.**

I 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

Have you read the provided Tax Information Sheet?

Yes No

Are you connected by relation or business with any of the agencies on your Return to Work Action Plan?

Yes No

Applicant Signature

Date: Day/Month/Year



Dependant Care Information

Your Name: _____

Day Care provider:

Business Name _____

Address _____

Telephone Number _____

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

A receipt is needed for each month Amber reimburses you for. Receipts will need to include the name, address and telephone number of the care provider, the amount paid, and dates that care was provided.

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 is included with your application:

- Return to Work Action Plan
- Letter(s) from School regarding acceptance to training
- Training cost breakdown
- Labour market information (3 potential jobs)
- Valid picture ID (i.e. Driver's license with current address)
- Proof of residence in our service area (if license address not current)
- Signed the 4 appropriate places within the application being the:
 - Cover page
 - Taxation and Financial Assistance page
 - Page 10
 - 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