[x]  **New Employee or** [ ]  **Employee Career Advancement**

**Section 1: Participant and Training Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Participant |  | Phone |  |
| Mailing Address |  | Email |  |
|  | Date of Birth |  |
| Career Goal |  | Course |  |
| Training Institution |  | Cost |  |
| Source of Income | [ ]  PWD [ ]  PPMB [ ]  IA [ ]  CPPD [ ]  Savings [ ]  Spouse/Family [ ]  WCB Benefits [ ]  Insurance Benefits [ ]  ICBC [ ]  Employment  |
| WorkBC/Community Partner Referral (if applicable) |  |
| Name of WorkBC/Community Case Manager |  |
| Phone |  | Email |  |

**Section 2: Financial Request for Training Course(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed Start Date | Proposed End Date | No. of weeks | Hours per Week | Additional Costs (Adaptive equipment, textbooks, etc). |
|  |  |  |  |  |

**Section 3: Training Rationale**

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| --- |
| 1. Why did the participant choose this training provider?
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|  |
| 1. What is the participant’s disability and what accommodations and/or adaptive equipment are needed from the training institution and the employer?
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|  |
| 1. What additional supports is the participant requesting to facilitate a successful completion of the training?
 |
| [ ]  Job Development[ ]  Self-Marketing (Cover Letter and Resume Help)[ ]  One-on-one tutoring or a Learning Disability Coach[ ]  Other (please specify) |
| 1. Has the participant applied for other provincially funded programs such as WorkBC and StudentAid BC? Please explain if these other funding sources are not an option.
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|  |
| 1. What is the main benefit of the participant taking this training?
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|  |
| 1. Has the participant met all of the training provider’s admission requirements? If no, please explain.
 |
|  |
| 1. Please list anything that could prevent the participant from completing training and actively participating in a Work Experience upon completion of training:
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| [ ]  Upcoming surgery or on a surgical waitlist[ ]  Court cases[ ]  Travel obligations/plans[ ]  Other commitments that could impact your training (please specify) |
| 1. A Work Experience is required in order to receive funding for training. Has the participant arranged for a work experience? If so, what is the participant’s Work Experience placement? (job title and company name)
 |
|  |
| 1. Is the training applied for recognized by other employers (aside from the employer providing the Work Experience)?
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|  |
| 1. Please include a resume.
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**Section 4: Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Business |  | DBA (if any) |  |
| Name of Contact Person |  | Title |  |
| Phone Number |  | Email |  |
| Mailing Address |  |

|  |
| --- |
| 1. For Career Advancement only: What reasonable schedule has been worked out with the employer and participant during training?
 |
| ☐ Employer is willing to give time off to the employee and resume the work experience after training is completed☐ Employer is willing to accommodate part-time hours |

**Section 6: Employee (Participant) Consent to Release and Obtain Information**

I declare that the information given in this application, for the purpose of participation in a wage subsidy or skills training is true to the best of my knowledge. I further authorize Service Canada and BC Centre for Ability to confirm the attached information by contacting any of the individuals or organizations listed in my application. I also hereby authorize the BC Centre for Ability to release and obtain information regarding myself to/from the following including **Referring Agency, Employers (both current and potential), Schools, Parent, Guardian or Legal Representative\*\*:**

|  |  |
| --- | --- |
| Agency Name: |  |
| Employer Name: |  |
| \*\*Employee Signature: |  | Date: |  |

\*Please note: This information will be used for the purpose of vocational planning and evaluation of requests for funding. All information shared will be kept confidential except where consent has been granted in writing to exchange with third parties. \*This consent is valid until completion of services with BC Centre for Ability, or until consent is revoked in writing by either party. \*\* If signing on behalf of the Participant, please indicate relationship.