



Referral Form – TRAINING (SHORT)

Applicant Information

Full Name: _____
Last First M.I.

Source of Income: PWD PPMB IA CPPD Savings Spouse/Family
 WCB Benefits Insurance Benefits ICBC Employment

Phone: _____ Email _____

Case Manager Information

Name: _____ Agency: _____

Address: _____

Phone: _____ Email _____

Training Information

School: _____ Course: _____

From: _____ To: _____ No. of Months _____ Payment Due Date _____

*NOTE: Please include a **Letter of Acceptance** from your training institution, or provide documentation providing the start and end date of your program and a list of school-related costs.

Cost Share (If Applicable)

Is this a Cost Share? YES NO
Cost Share Amount _____ Cost Share Partner _____

Participant Consent to Collect, Use and Disclose Information

Personal Information collected on this form is collected under the authority of section 26 (c) of the Freedom of Information and Protection of Privacy Act and is subject to all the provisions of that Act.

I declare that the information given in this application is true to the best of my knowledge, for the purpose of participation in Opportunities Fund Program. 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:

Referring Agency, Employers (both current and potential), Schools, Parent, Guardian or Legal Representative

Agency Name: _____

Training Institution: _____

Other (please specify relationship): _____

Participant Signature: _____ Date: _____

*Please note: This information will be used for the purpose of vocational planning, evaluation of requests for funding and job search support including Work Experience/Wage Subsidy. 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.



Case Manager Rationale – TRAINING (SHORT)

Case Manager Information

Case Manager Name: _____ Agency: _____

Phone: _____ Email _____

Applicant Name: _____

Training Information

A Work Experience is an agreement between the applicant, the employer and Opportunities Fund in which the employer receives a wage subsidy or gives written consent for job coaching.

1. What is the applicant's target occupation? Why is this job goal the best fit for the applicant?

2. What are the skills, qualifications and certifications that the applicant needs to obtain a work experience placement?

3. Does the applicant have other potential employers willing to take on work experience placement? Does the case manager or job developer have a list of employers they can reach out to after training is completed?

4. Aside from lack of credentials, what are the other reasons why the applicant has not found work in the past? How will the applicant address those barriers? (*Leave blank if there no other barriers*)

5. What is the client's disability and what accommodations would the applicant need from the training institution and/or the employer?



Career Planning Guide – TRAINING (SHORT)

Case Manager Information

Case Manager Name: _____ Agency: _____

Phone: _____ Email _____

Applicant Name: _____

Work History and Credentials

1. Is the resume included in this application?
2. Describe the disability and the impact the disability might have on employment.
3. What (if any) adaptive equipment does the applicant currently have?
4. What additional adaptive equipment (if any) do you think you may need while in training or employment?
5. Please list anything that could prevent you from completing training and actively searching for work upon completion of training:
 - Upcoming surgery or on a surgical waitlist
 - Court cases
 - Travel obligations/plans
 - Other commitments that could impact your training (please specify)

Career Planning Guide – TRAINING (SHORT)

Training Information

Name of Institution	
Start Date	
End Date	
No. of months	
Tuition Costs (in total)	
Textbook Costs (in total)	
Other Fees (please specify)	
Total Amount Requested	

First Training Choice

1. Which school is the applicant planning to attend?
2. What is the name of the program?
3. Why did the applicant choose this school?
4. What is the next start date for this program?
5. Has the applicant met all of the school's admission requirements? If no, please explain.

Labour Market Information

- Attach at least 3 job postings that match the applicant's your work experience goals and highlight in the job posting the training program required in order to qualify or apply for the job.
- Attach client's current resume

Section 7: Financial Resources

Please include the cost of any disability supports such as adaptive equipment or other assistance that you may require to complete training. Funding is based on needs. The funded budget will be negotiated with your Opportunities Fund Community Coordinator.

MONTHLY BUDGET WORKSHEET

NET MONTHLY INCOME			Monthly Expenses While in Training Only **Proof of expenses may be required	
	Applicant (A)	Spouse/Other (B)		
Employment Income			Rent/Mortgage	
Employment Insurance Benefits			Utilities (Gas, hydro, phone)	
BC Benefits (Circle Applicable) – IA, PPMB, PWD			Transportation (bus pass or equivalent only)	
Alimony/Child Support			Food	
Child subsidy/BC Benefits			Childcare costs	
Self-Employment Income			Medical, Dental (specify)	
Child Tax Benefits				
Pension/Retirement Income (Circle Applicable) – CPP, Disability, ICBC, WCB			Expenses which cannot be reimbursed by the Opportunities Fund	
Grants, HRSDC Allowances			Property Taxes	
Room, Board, Suite Rental			Credit Card Payments	
Trust Funds, Investment Income			Miscellaneous Expenses (clothing, haircuts, etc.)	
Subtotal			Life/Home Insurance	
Total Monthly Income (A + B)			Child support	
			Total Expenses (only include expenses covered by the Opportunities Fund)	
Source of Your Financial Contribution			Training Costs	
School Scholarships/Bursaries/Grants			Tuition	
Savings			Registration/Student Fees	
Investment Income			Books/Supplies	
RRSP			Exam Fees	
Parents/Relatives			Tools/Uniforms/Equipment	
Others (specify)			Other (specify)	
Total of Your Financial Contribution			Total Program Costs	
Total of Your Financial Contribution			Total Training Costs	

I declare the above information is true. Penalties and/or termination of sponsorship can result from knowingly providing false information

Name _____ Signature _____ Date _____