

Training Support Request Form

Participant Information:

Date Form Completed:		
Participant Name:		
Birth Date (DD/MM/YYYY):		
SIN:		
Address:		
Request Type:	Initial Request	Subsequent Request

Payment Information: *(Attach DBD form from your financial institution or complete below – initial request only)*

Name of Financial Institution:	
Institution Number (3 digits):	
Transit Number (5 digits):	
Account Number (7 – 12 digits):	

Item Request Information: *(Attach receipts/supporting documentation)*

Health & Safety Related Supplies	Cost (including tax if applicable)
Non-Slip Work Shoes	
Trade Specific PPE (not provided by employer)	
Total:	

Travel Request Information: *(Complete attached Travel Expense form)*

Total Mileage (km):	km
Total Travel Expense (total km x 0.25):	

Assistance may be issued for eligible participant expenses including:

1. Travel expenses to and from lab and placement sites (long term care and community). Reimbursement is based on actual distance at \$0.25/km up to a maximum of \$10.00 per trip. Travel expenses may be reimbursed up to a maximum of \$480.00 per program participant.
2. Necessary safety related items including non-slip shoes (up to \$150.00) and personal protective equipment not supplied by the employer (up to \$100.00). Receipts/verification of expenses required.

Travel Expense Information:

[illegible]

For Office Use Only		
Amount Approved:		
Approved By:		
Date Issued:		
Payment Documented	Participant's Training Placement Agreement	HUB HSW-PSW Participant Benefit List