Skills Training Grants (STG) User Guide

Submitting ETG Training Provider Change Requests

Last Updated: 10 June 2022

1. Log into the Skills Training Grants page with your BCeID.
2. Scroll down the page to your approved Employer Training Grant (ETG) application, then click "Continue."

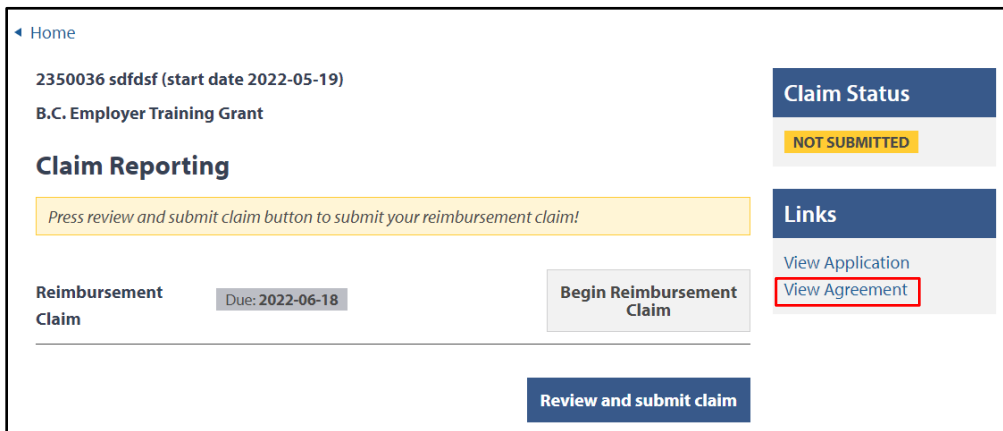> **1950010 Training Program B (start date 2019-02-13)**
> **B.C. Employer Training Grant – Rural**
>
> APPROVED
> Continue

3. Click "View Agreement." Note: You cannot change Service Providers if you've already submitted a claim.

> ◂ Home
>
> **2350036 sdfdsf (start date 2022-05-19)**
> **B.C. Employer Training Grant**
>
> **Claim Reporting**
>
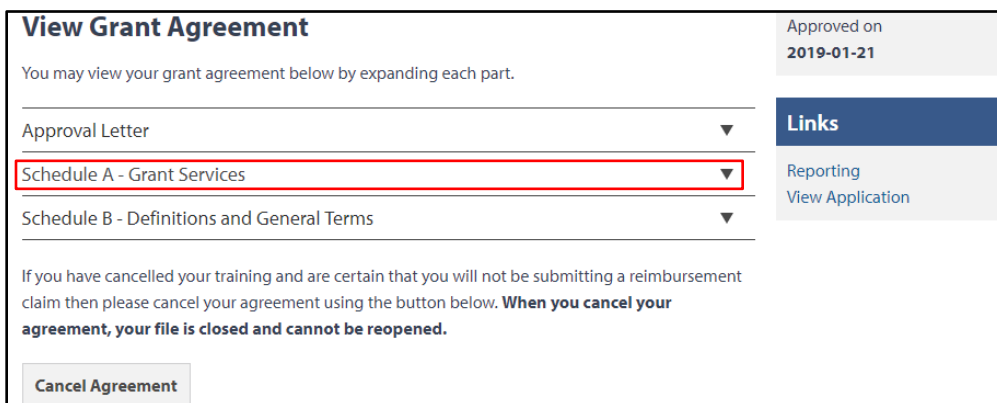> Press review and submit claim button to submit your reimbursement claim!
>
> **Reimbursement Claim** Due: 2022-06-18   **Begin Reimbursement Claim**
>
> **Review and submit claim**
>
> **Claim Status**
> NOT SUBMITTED
>
> **Links**
> View Application
> View Agreement

4. Click on "Schedule A – Grant Services", then click on the training provider's name.

> **View Grant Agreement**
> You may view your grant agreement below by expanding each part.
>
> Approval Letter ▾
> Schedule A - Grant Services ▾
> Schedule B - Definitions and General Terms ▾
>
> If you have cancelled your training and are certain that you will not be submitting a reimbursement claim then please cancel your agreement using the button below. **When you cancel your agreement, your file is closed and cannot be reopened.**
>
> **Cancel Agreement**
>
> Approved on
> **2019-01-21**
>
> **Links**
> Reporting
> View Application

View Grant Agreement

You may view your grant agreement below by expanding each part.

Approval Letter

Schedule A - Grant Services

Agreement Number:	1950010
Applicant Name:	CJF BC SPsT

Agreement Term

Term Start Date:	February 13, 2019
Term End Date:	April 15, 2019

Delivery Plan

Training Program:	Training Program B
Training Provider:	Training Provider A
Training Start Date:	February 13, 2019
Training End Date:	February 13, 2019

5. The Request Change to Training Provider form will open in a pop-up window. Fill out all required fields, then click "Save".

Change Training Provider   ×

Change request reason *

Training provider name *

Type of training provider *

Address of Training Provider

◉ Canada ◯ Other Country

Address line 1 *

Address line 2

Cancel   Remove Request   Save

6. Click the "Submit Change Request" button.

Delivery Plan	Cancel Change Request	Submit Change Request
Training Program:	Training Program B	