

Skills Training Grants (STG) User Guide

Applying for Employer Training Grants (ETG)

Last Updated: 28 December 2022

1. Log into the [Skills Training Grants page](#) with your BCeID.
2. Click “Start New B.C. Employer Training Grant Application”.



Skills Training Grants

CJF BC SPsT | CJF Test09 | [Log Out](#)
[Home](#) | [User Profile](#) | [Organization Profile](#)



Funding provided by the Government of Canada through the Workforce Development Agreement

B.C. Employer Training Grant

[Start New B.C. Employer Training Grant Application](#)

Current grant opportunities are for training starting between 2019-01-01 and 2019-03-31, or between 2019-04-01 and 2019-08-31.

3. Click the radial button for the grant stream you want to apply under. Click “Show Description” for more details about a grant stream.

[Return](#)

Start a New Application

Before you start: Employers or authorized employees of the applicant employer must submit their application on their own behalf, using their Business BCeID.

Employers are not permitted to share their BCeID user login ID and third parties (e.g. training providers, fee-based service providers) cannot apply on an employer's behalf.

For training that starts between April 1, 2022 and March 31, 2023

☒ B.C. Employer Training Grant

[Hide description](#)

The B.C. Employer Training Grant provides employers with skills training funding for their workforce, including prospective new hires.

4. Select the Delivery Start & End Dates for your program. Answer the question about the forest sector, then click “Continue”.

Delivery Dates

Delivery Start Date:*

Training cannot already have started at the time of application.

January

▼

2

▼

2023

▼

Delivery End Date:*

March

▼

21

▼

2023

▼

The B.C. Employer Training Grant supports employers and workers that have been impacted by a downturn in the forest sector. Have you or the worker(s) you intend to train experienced employment challenges because of a downturn in the forest sector? *

☐ Yes ☐ No

Cancel

Continue

The end date must be within 1 year of the start date.

Answer the question. If yes, a text box will appear for you to add more details.

Click “Continue”.

5. Click “Edit” beside “Training Program”.

Complete Grant Application

i Complete the following information. Once complete, you can review and submit the application.

Grant Selection	COMPLETE	Edit ▼
Training Program	NOT STARTED	Edit
Training Provider	NOT STARTED	Edit
Training Costs	NOT STARTED	Edit
Participant Information	NOT STARTED	Edit

Review and submit

6. Go through the form, filling out all fields. Once you’re finished, click “Done”.

Edit Training Program

Your training dates must fall within the application delivery period 2022-04-01 to 2023-03-31.

Training Program

Do not apply for an entire program or certificate that cannot be paid for, in full, at once. Many training providers require separate payments for individual courses. If this is the case, you will need to submit a separate application for each course. Please note that diploma and degree programs, in full or in part, are ineligible for ETG funding and no single application can contain training that exceeds 52 weeks.

Course, program or certificate name *

Describe how this training is relevant to your business needs *

File Edit View Insert Format Tools

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B *I*

Paragraph ▾

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Copy and paste from another document or format text up to 2000 characters for each question.

Describe how this training is relevant to the available job for the participant(s) *

File Edit View Insert Format Tools

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Paragraph ▾

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Link to Course Description

Course outline including defined instructional objectives, delivery method and assessment methods *

One file of the following type may be attached: PDF, JPG, JPEG, PNG, GIF. Maximum file size is 5 MB.

None

Upload

Click "Upload" to add the course outline.

Training Start Date:*

December ▾

17 ▾

2022 ▾

Training End Date:*

February ▾

22 ▾

2023 ▾

The training dates are automatically added based on the dates you selected when you started the application. You may edit them here if needed.

Primary Delivery Method *

☐ Class Room

☐ Workplace

☐ Online

Total training hours *

Skill level *

< Select value > ▼

Training skills focus *

< Select value > ▼

Expected certificates, qualifications or credentials *ⁱ

< Select value > ▼

Have you offered this type of training to employees in the past? *

☐ Yes ☐ No

Have you received or requested any other government or third-party funding for this training? *

☐ Yes ☐ No

Click "Done".

7. Click "Edit" beside "Training Provider".

Complete Grant Application

ⁱ Complete the following information. Once complete, you can review and submit the application.


Grant Selection	COMPLETE	Edit ▼
Training Program	COMPLETE	Edit ▼
Training Provider	NOT STARTED	Edit
Training Costs	NOT STARTED	Edit
Participant Information	NOT STARTED	Edit


8. Go through the form, filling out all fields. Once you're finished, click "Done".

Edit Training Provider

Training Provider

Training provider name *

Type of training provider * 

< Select value > 

Address of Training Provider


☒ Canada ☐ Other Country

Address line 1 *

Address line 2

City *

Province *

British Columbia 

Postal code *

Training Provider Contact

Enter the contact information for your training provider.

Contact first name *

Contact last name *

Contact email *

Contact phone number *

- - Ext

If the training provider is located outside of British Columbia, the box below will appear. Write your response to the question in the space provided.

The ETG may consider training delivered by training providers not based in B.C. under exceptional circumstances only. Please explain why you have selected a training provider not based in B.C. *

Alternative Training Options

Please share details of alternative B.C.-based training providers and/or courses that you considered (at minimum please include links to the other courses that you considered). These details are used to determine whether costs are reasonable and that the chosen training demonstrates high value for money. In the absence of alternative training provider information submitted in this section by the applicant, the ETG may consider similar training found online that may or may not be fully comparable to the specific training chosen by the applicant. For more details about how we determine value for money see our [FAQs](#).

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← → B I Paragraph ▾ [Text Alignment Icons] [List Icons] ...

Alternate Provider 1

Training provider:

Program or course:

Total cost per participant:

Duration:

Outcome (e.g. name of certificate, if applicable):

Web link to program or course:

Alternate Provider 2

Training provider:

Program or course:

Total cost per participant:

Duration:

Outcome (e.g. name of certificate, if applicable):

Web link to program or course:

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Fill in the prepopulated text and any additional information needed.

Choice of Training Provider

Please describe why the chosen training provider is best positioned to meet the needs of your business and deliver improved job-related skills for participants. In other words, why did you choose this trainer and not one of your alternatives listed above?

File Edit View Insert Format Tools

← → B I Paragraph ▾ [Text Alignment Icons] [List Icons] ...

P POWERED BY TINY

Copy and paste from another document or format text up to 2000 characters.

Cancel

Done

9. Click “Edit” next to “Training Costs”.

Complete Grant Application

Complete the following information. Once complete, you can review and submit the application.

Grant Selection	COMPLETE	Edit	▼
Training Program	COMPLETE	Edit	▼
Training Provider	COMPLETE	Edit	▼
Training Costs	NOT STARTED	Edit	
Participant Information	NOT STARTED	Edit	

Review and submit

10. Enter the number of expected participants, then click “Add New Expense Type”.

Edit Training Costs

Grants will be calculated based on the stream reimbursement amounts outlined in the Eligibility Criteria.

Enter Number of Participants in the Training Program*

3

Training Costs

Expense Type	Number of Participants	Cost per Participant	Total Training Cost
Totals		\$0.00	
Requested Government Contribution		\$0.00	

Add new expense type

Your maximum amount per participant is \$10,000.00

Cancel

Done

11. Choose an expense type from the drop-down list, then fill out the rest of the fields. Once you’re finished, click “Save Expense”.

Add or Edit Expense

Expense type	Enter the number of participants to which this expense will apply	Enter the total expense for all participants	Cost per Participant (calculated)
Tuition fees	3	\$3,000.00	\$1,000.00

Cancel

Save Expense

12. Add more expense types as needed. If you need to make any changes, click “Edit” or “Delete” beside the expense. Once you’re finished entering your expenses, click “Done”.

Training Costs

Expense Type	Number of Participants	Cost per Participant	Total Training Cost	
Tuition fees	3	\$1,000.00	\$3,000.00	<div>EditDelete</div>
Examination fees	3	\$33.33	\$100.00	<div>EditDelete</div>
Totals	\$3,100.00			
Requested Government Contribution	\$3,100.00			
<div><div>Add new expense type</div>Your maximum amount per participant is \$10,000.00</div>				
<div>Cancel</div>				<div>Done</div>

13. You can complete participant reporting by selecting “Edit” beside “Participant Information”. All participant information forms (PIFs) must be completed before you can submit the application.

Complete Grant Application

Grant Selection	COMPLETE	<div>Edit</div>	▼
Training Program	COMPLETE	<div>Edit</div>	▼
Training Provider	COMPLETE	<div>Edit</div>	▼
Training Costs	COMPLETE	<div>Edit</div>	▼
Participant Information	NOT STARTED	<div>Edit</div>	▼

You must ensure the number of Participant Information Forms submitted (0) is equal to the number of participants (1) that will receive training.

14. Click “Show participant Invitation”. This will open a generic email template containing a link to your application’s PIFs. Choose either option by clicking “Copy Email” or “Copy Link Only” to send to participants. **You are responsible for providing this link to your participants.** Once the email and/or the link have been copied, click “Return” or “Done” to go back to the Grant Application. This link does not expire.

Return

sdfsd (start date 2022-06-08)
B.C. Employer Training Grant

Participant Report

Last	First	Email	Phone	Work Location	Reported on	Action
<div>Show participant invitation</div>						

Getting Started with Participant Reporting

Before you can submit an application, participants must electronically submit their own Participant Information Forms (PIFs). Employers cannot submit PIFs on behalf of participants.

IMPORTANT! Participants on Employment Insurance (EI) or British Columbia Employment Assistance clients in receipt of Income Assistance (IA) – Participants who currently receive EI or IA benefits must have approval prior to the start of training if they wish to maintain their financial supports. Refer to Appendix A of the ETG Eligibility Criteria for details. EI or IA clients who do not obtain pre-approval before participating in training may be required to repay the grant.

Please copy the email below into your own email and send it to the participant. Please enter the participant's PIF in your Participant Report as soon as they are finished.

Copy Email

Dear {{participant}},

You have been identified as a participant for the following training program:

sdfsd
Start Date: 2022-06-08
Location:

As this training is being funded through the B.C. Employer Training Grant, you must complete a participant information form using the following link:

<https://etgsupport.skillstraininggrants.gov.bc.ca/Part/Information/be905b22-1eb4-4187-940c-90d1755d75e8>

Please use a current version of Chrome or Firefox to enter participant information.

Please complete your participant information form prior to midnight on 2022-06-02. If you do not

Copy Link Only

<https://etgsupport.skillstraininggrants.gov.bc.ca/Part/Information/be905b22-1eb4-4187-940c-90d1755d75e8>

Cancel

Done

Make sure to enter the participant's name and enter the training location.

- If not all PIFs have been entered the status will show **"In Progress"** and a message stating that not all PIFs are submitted. Click "Edit" in the Participant Information section to continue to complete.

Complete Grant Application

Grant Selection	COMPLETE	Edit	▼
Training Program	COMPLETE	Edit	▼
Training Provider	COMPLETE	Edit	▼
Training Costs	COMPLETE	Edit	▼
Participant Information	IN PROGRESS	Edit	▼

i You must ensure the number of Participant Information Forms submitted (1) is equal to the number of participants (2) that will receive training.

Review and submit

16. If all PIFs have been submitted but the training outcomes have not yet been selected, the status will show “**Incomplete**”. You will not be able to “Review and submit” until these have been selected. Click “Edit” to select the training outcomes for the participants.

Complete Grant Application

Grant Selection	COMPLETE	Edit	▼
Training Program	COMPLETE	Edit	▼
Training Provider	COMPLETE	Edit	▼
Training Costs	COMPLETE	Edit	▼
Participant Information	INCOMPLETE	Edit	▼

i Please click Edit in Participant Information to return to that section and select the expected training outcome for each participant.

Review and submit

17. In this section you will need to select the expected training outcomes for each of your participants. Follow the prompts. When all are complete, click “Done”.

Return

Test Training Program (start date 2022-05-03)

B.C. Employer Training Grant – C19 Impacted Worker Training

Participant Report

Before you can submit an application, participants must electronically submit their own Participant Information Forms (PIFs). Employers cannot submit PIFs on behalf of participants.

IMPORTANT! Participants on Employment Insurance (EI) or British Columbia Employment Assistance clients in receipt of Income Assistance (IA) – Participants who currently receive EI or IA benefits must have approval prior to the start of training they wish to maintain their financial supports. Refer to Appendix A in the criteria of for the stream under which you applied for details. EI or IA clients who do not obtain pre-approval before participating in training may become ineligible for continued financial supports under EI or IA.

Last	First	Email	Phone	Work Location	Reported on	Action
Arbuckle	Garfield	garbuck@gmail.com	(161) 161-6161		2022-05-03 12:13 Late	Remove
				Increased pay		
Tester	Test	tester@mail.com	(618) 616-6516			
				Increased job security		

Please select expected training outcome

- Increased job security
- Increased pay
- Promotion or advancement to another position
- Move from part-time to full-time employment
- Move from temporary/casual/seasonal employment to permanent employment
- No outcome

Show participant invitation

Cancel

Done

If you need to remove a participant, click “Remove”.

Set Training Outcome

Set training outcome for sdfsd dsfsd to Increased job security?

No Yes

18. You are now ready to review and submit your application. **NOTE:** The status of the application states, “**Not Submitted**”. Click “Review and submit”.

Home

sdfsd
(start date 2022-06-08)

B.C. Employer Training Grant

Complete Grant Application

Grant Selection	COMPLETE	Edit	▼
Training Program	COMPLETE	Edit	▼
Training Provider	COMPLETE	Edit	▼
Training Costs	COMPLETE	Edit	▼
Participant Information	COMPLETE	Edit	▼

Review and submit

Status

NOT SUBMITTED

Created on
2022-06-08

19. Go through Step 1 of the form and review your details. Click the “Edit [...]” buttons to make any changes, then click “Continue” to go to the next page.

Submit Application

STEP 1 OF 2

Review Application

Please make sure you review your application carefully before you continue. You may use the edit buttons in each section to correct your application. Once the application has been submitted, you will not be able to make changes to it unless you withdraw and resubmit.

20. Once you’ve reached Step 2, click the “By checking this box I make this declaration” checkbox, then click “Submit application”.

Submit Application

STEP 2 OF 2

Applicant Declaration

Once submitted, the Ministry will assess your application against the B.C. Employer Training Grant criteria to determine eligibility. You will be notified via email once a decision has been made.

The ETG may contact you by email or telephone to verify information provided in your application or to request additional details that may be required to evaluate your application. **Please respond to these requests as soon as possible.** If we are unable to reach you, your application may be cancelled by the Ministry.

By checking the box below and submitting this application for funding (“Application”) under the B.C. Employer Training Grant program (“ETG”):

- I certify that I am authorized to submit this Application and to make this declaration on behalf of the applicant referred to in this Application (the “Applicant”);
- I acknowledge that I have read and understand the B.C. Employer Training Grant criteria applicable to this Application, including the sample B.C. Employer Training Grant Agreement, consisting of the Approval Letter, Schedule A and Schedule B (and the Program Requirements referred to therein), as made available by the Province of British Columbia at the link below;
- I acknowledge that, as the terms and conditions of the B.C. Employer Training Grant Agreement are subject to change from time to time, should this Application be approved, the B.C. Employer Training Grant Agreement that will be sent to the Applicant for signature may materially differ from the sample B.C. Employer Training Grant Agreement that was posted at the time this Application was submitted and I acknowledge that I (or another individual authorized by the Applicant) will be responsible for reviewing, understanding and agreeing to the terms and conditions as they appear at the time the Applicant enters into a B.C. Employer Training Grant Agreement with the Province;
- I certify that all of the information provided on this Application is true and correct to the best of my knowledge and belief;
- I acknowledge and agree that checking the box below has the same legal effect as making this declaration under a hand-written signature; and
- I do hereby make this declaration on my own behalf and on behalf of the Applicant as of the date that this Application is submitted.

☐ By checking this box I make this declaration.*

[Download Sample Agreement](#)

CancelSubmit application

21. Your application is now submitted. You will see the application in a “Complete” status on the home page. The program area will review it and send you an email with your next steps.

Your application has been submitted.

2253840 test train (start date 2021-10-27)

B.C. Employer Training Grant – C19 Impacted Worker Training

Date submitted: 2021-10-27

COMPLETEView