

CWRG TRAINING PROGRAMS: STUDENT TERMS & CONDITIONS

1. By accepting a CWRG program admission or waitlist offer through BC Care Providers Association (BCCPA), you are required to commit fully to program completion. Seats are extremely limited, and those who participate in the opportunity must understand and be able to meet the commitment involved.
2. It is the responsibility of the participant to understand the purpose of the program and participate in good faith. Should a participant require additional academic support, they should contact the contracted training provider for advising opportunities immediately.
3. Should a participant or waitlisted candidate determine they are unable to commit to the full program duration, they must notify a BC Care Providers Association (BCCPA) representative within three days of the program training start date, so that another eligible waitlisted candidate may be given the opportunity to participate.
4. Acceptance to participate in the program is contingent on completion of all prerequisites, including but not limited to criminal record check verifications, vaccinations, and other required academic records by the contracted training provider's deadlines.
5. The first week of classes is probationary and BC Care Providers Association (BCCPA) reserves the right to rescind an admission or waitlist offer. If your seat is revoked, you will be ineligible to receive reimbursements for any expenses incurred during the probationary period.
6. Admitted applicants who fail to complete the program may be liable for fulfilling incurred skills training costs and/or participant financial supports and may become ineligible to participate in future government grant opportunities.
7. As per program eligibility criteria, you certify that you have completed any other federally or provincially funded training programs prior to participating in the CWRG funded training program, if applicable.
8. The submission of your Personal Information Form (PIF) is a critical component of your eligibility to participate in the program. You agree to submit this mandatory form via the link



provided and by the deadline noted in your offer letter and understand that failure to submit your PIF will result in your ineligibility to participate in the program.

9. If you are an active claimant of Employment Insurance (EI) benefits prior to the training start date, you must indicate this information when completing your Personal Information Form (PIF).
10. If you become entitled to receive Employment Insurance (EI) benefits during training (including maternity/parental), you must advise BC Care Providers Association (BCCPA) immediately, as a Section 25 EI referral form will need to be sent to Service Canada on your behalf. A Section 25 referral ensures you are eligible to maintain your EI benefits while actively attending training during your existing entitlement period.
11. If you are an active claimant of Income Assistance (IA) benefits prior to the training start date, you must indicate this information when completing your Personal Information Form (PIF).
12. If you become an Income Assistance (IA) recipient during training, you must contact the Ministry of Social Development and Poverty Reduction (SDPR), Service Delivery Division, to inform them of your CWRG training participation at 1-866-866-0800.
13. Expense reimbursements will only be granted for purchased items deemed eligible. All submissions are subject to approval by BC Care Providers Association (BCCPA). Submitted expenses may be deemed ineligible even if they are in accordance with eligibility, and we reserve the right to reject a reimbursement request for any reason.
14. Participants are responsible for ensuring any purchases made are eligible for reimbursement coverage prior to submitting their expense request, including childcare, transportation, and any other eligible supports. Large purchases or items not clearly stated on the posted list of eligible expenses should be pre-approved by BCCPA prior to purchase to ensure you will be fully reimbursed.
15. All receipts submitted for reimbursement should be done in a timely manner and must clearly indicate the following information: Date of the transaction; clear indication that the payment has been made in full; and itemized expense amounts. The participant is responsible for ensuring all above information is contained on their submitted receipts. BC Care Providers Association (BCCPA) reserves the right to request additional information to validate expense reimbursement requests. Submissions will be processed once all

necessary documentation is received. Reimbursement requests should be for items dated no more than three (3) months prior to the item(s) purchase date.

16. Any purchases made for training expenses being requested for reimbursement are to be purchased via cash, debit, or credit card. Gift card payments are not considered an out-of-pocket expense and will not be reimbursed with cash EFT payments. If you are unable to make a purchase for reimbursement via the above methods, please contact BCCPA for assistance with making the transaction by emailing programs@bccare.ca.
17. Any additional expenses incurred during your training that exceed the up-to eligible limit for participant financial supports (maximum \$5,000) will be ineligible for reimbursement and participants will be responsible for covering these costs.
18. Expense reimbursement payments are issued on a semi-monthly basis. All submissions must be received at least 7 days prior to the semi-monthly pay out schedule dates. Any amounts received by BC Care Providers Association (BCCPA) after the 8th or 23rd day of the month will be applied to the following payroll period for reimbursement.
19. If you switch your banking institution during the program, you must inform BC Care Providers Association (BCCPA) by emailing programs@bccare.ca before submitting any additional expense reimbursement requests. We will provide instructions for updating your void cheque payment details. Please note that recovering any funds sent to a closed bank account due to participants switching institutions is solely the participant's responsibility.
20. By accepting any EFT payments from BC Care Providers Association (BCCPA), you certify that payments for your eligible expense reimbursement(s) for the coinciding payout period have been received by you in full and without dispute. If you receive misdirected or inaccurate EFT funds for Participant financial support expense reimbursements, you agree to notify BCCPA by emailing programs@bccare.ca within 48 hours of receiving any suspected funding error.
21. All standard reimbursement requests for expenses incurred during the program must be submitted to BC Care Providers Association (BCCPA) within two weeks (14 days) of the program's training end date. Any submissions received after this date will become ineligible for reimbursement.
22. After your final submission for any eligible expense reimbursements, you agree to complete a Reimbursement Verification Form (RVF) for record-keeping purposes, which will be sent



to you by e-mail. You will be required to sign and submit this form back to BC Care Providers Association (BCCPA) as part of the final student reporting requirements.

23. As a condition of program acceptance, all students must agree to participate in a post-training employment outcomes survey (initial, 6-month and 1-year) for official reporting purposes, which will be issued by BC Care Providers Association (BCCPA) or the contracted training provider at the end of the program.
24. At the end of the training program, participants agree to submit their training program success story to demonstrate program outcomes, which will be issued by BC Care Providers Association (BCCPA) or the contracted training provider at the end of the program. Participants can optionally consent to have their success stories published to help demonstrate broader program impact.
25. Upon completion of the training program, participants referred by a BC Care Providers Association (BCCPA) member organization will apply for and accept any regular vacancies available with the BCCPA employer who sponsored their application to the program.
26. You certify that all information submitted in your formal application to the CWRG Training Program, both with the contracted training provider and BC Care Providers Association (BCCPA), is true and correct to the best of your knowledge.
27. BC Care Providers Association (BCCPA) reserves the right to modify the student Terms & Conditions at any time and without prior notice.