

Provincial Training Allowance – Change in Information/Reassessment

Student Service Centre

1120 - 2010 12th Avenue
Regina SK S4P 0M3
(306) 787-5620
1-800-597-8278
Fax: (306) 787-0760

File No. Office use only	
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Learner's PSE # _____

Full Name as it appears on original application (please print):

Last Name First Name Middle Name

1. Name Change

New Name (please print):

Last Name First Name Middle Name

NOTE: You **must** submit proof of name change. If name change is due to separation, please include a legal separation agreement; OR a completed Change in Marital Status. If name change is due to becoming legally married, please submit a copy of your marriage certificate along with completed Section 3 of the Application, Spouse of Married/Common-Law Applicant.

Report any change to dependent children and spousal assets in questions 4 and 6 of this form.

2. Address (include postal code, phone number and e-mail address)

Is this a new address? Yes No

Apt # Street/Box No. Postal Code

_____, Saskatchewan.

City/Town

Telephone including Area Code _____

Email _____

Date of Change:

Day	Month	Year
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3. Living Situation. Check (✓) to indicate yes or no.

Yes No I will be living in the family home where my parents or spouse/children reside.

Yes No My residence while attending the Training Centre will be located in the same city/town as the family home where my parents or spouse/children reside.

If no, indicate the distance in kilometers one way: _____

Date of Change: _____
Day Month Year

4. Full-Time Dependent Children

List changes being made to your full-time dependent children under the age of 19 years (or over 18 as per guidelines outlined in the instructions) who live with you FULL-TIME (15 or more days of the month) and PART-TIME* (fewer than 15 days of the month).

Dependent's Last Name and First Name	Indicate the number of days per month the child lives with you	Sask. Personal Health No.	Birth Date <i>day month year</i>	Does this child need childcare		Is daycare subsidized	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<i>day month year</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<i>day month year</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<i>day month year</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your dependent(s) does not have a Saskatchewan Personal Health Number provide an explanation of why they do not have a number. If more space is required, attach a separate sheet stating all of the above information.

*If dependent is part-time, child care will not be allowed.

Date of Change:

Day	Month	Year

NOTE: If changes are to parental dependents, the PARENTAL SECTION ON THE APPLICATION MUST BE COMPLETED.

5. Income Check (✓) *one or both* Learner Spouse

Date of Change:

Day	Month	Year

TOTAL NEW AMOUNT: \$ _____

Employer Information (If more than one employer, attach the additional information) (spouse only)		
Name of Employer		Street Address
City/Town	Province/State	Phone Number and Area Code

NOTE: CHANGES MUST BE AUTHORIZED BY A SIGNING AUTHORITY AT THE TRAINING CENTRE.

Name of Training Centre and address where copy of PTA results can be mailed:

Training Centre Signing Authority:

X _____
Signature

Date

Learner's Signature:

X _____
Signature

Date

Signing Authority must be documented by PTA Unit