

**APPROPRIATENESS FOR TRAINING FORM**

**Client Name:** \_\_\_\_\_

**Service Provider:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- 1. Is the client unable to achieve self-sufficiency or suitable employment without grant services?

\_\_\_\_ Yes    \_\_\_\_ No

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\_\_\_\_\_  
\_\_\_\_\_

- 2. Will the client benefit from the selected training based on the required skill level of the training program and the client's current skill level?

\_\_\_\_ Yes    \_\_\_\_ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Based on Labor Market Information, is there a reasonable expectation of employment upon completion of the training?

\_\_\_\_ Yes    \_\_\_\_ No

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\_\_\_\_\_  
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- 4. Is the selected training reasonably close to the client?

\_\_\_\_ Yes    \_\_\_\_ No

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5. Is the client willing and able to undertake and successfully complete the selected training as quickly as possible – taking into account an evaluation of the individual’s basic skills, capabilities and any time limits required by law?

\_\_\_\_ Yes    \_\_\_\_ No

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6. Is the selected training suitable for the customer and available at a reasonable cost and location; and have other educational grant opportunities been explored?

\_\_\_\_ Yes    \_\_\_\_ No

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\*Training must start within 90 days of completion of this form.