

Secwepemc Cultural Education Society

Phone: (778) 471-5789 Fax: (778) 471-5792 Email: trades@secwepemc.org

Part A

		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Gender			
Date of Birth (DD/MM/YR) _____		Social Insurance Number _____	
Last Name _____	First Name _____	Middle Name/Initial _____	
Mailing Address & Postal Code (Ensure Our Office is Notified of any Changes) _____			
Home Phone _____	Work Phone _____	Fax _____	
Program Applying For: Please indicate the course you are applying for COURSE NAME: _____ START DATE: _____		Record of Recent Activity: Indicate your MAIN activity during the past year (1 only) <input type="checkbox"/> Attending Secondary School <input type="checkbox"/> Other Educational Institution <input type="checkbox"/> Attending University/College <input type="checkbox"/> In Labour Force	
Other: <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Seeking Apprenticeship <input type="checkbox"/> Seeking Training <input type="checkbox"/> Need Upgrading			
I am considering a Trade in _____			
Entry Level Completed _____			
Trade	College	Date Completed	
<input type="checkbox"/> ACTIVE APPRENTICE		<input type="checkbox"/> INACTIVE APPRENTICE	
Current Apprenticeship with _____		_____	
Employer		Trade	
Certified Journeyman _____		_____	
Employer		Trade	
Sponsorship Information:			
Band/Organization _____		Address & Postal Code _____	
Contact Person _____	Phone _____	Fax _____	
Secondary Education (Attach transcripts of trades courses)			
Secondary School _____	Location _____	Last Grade Completed _____	
Program: _____	<input type="checkbox"/> Academic <input type="checkbox"/> Vocational <input type="checkbox"/> General	<input type="checkbox"/> Technical	<input type="checkbox"/> G.E.D.
Post Secondary Education			
Course/Program _____	Institution _____	Date Completed _____	
Course/Program _____	College/University _____	Level _____	Date Completed _____

Return Application to: SCES, 274A Halston Connector Road, Kamloops, BC, V2H 1J9

Work Experience Related to Trades (Please Attach Résumé)

Employers Name	Type of Work	Start Date	End Date
Signature	Date		

Part B – Student Pre-Requisite Questions

Questions:	Y	N	Notes:
1. Do you have a valid Drivers License?			
2. If not, are you able to obtain a drivers license? Do you have other picture identification?			
3. Do you have reliable transportation? Explain			
4. What financial arrangements have you made for yourself while you attend school?			
5. Level One first aid? Expiry date?			
6. Transportation Endorsement ticket? Expiry date?			
7. WHMIS Expiry date?			

(For Office Use Only)

Client Follow – Up

DATE	NOTES



THE RIGHT SKILLS ▶ A PROVEN ADVANTAGE

APPRENTICE AND SPONSOR REGISTRATION FORM

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

Please complete the relevant portions of this form and print clearly. Mandatory fields are indicated in **BOLD**. Missing information may delay the registration process. Return completed form to ITA Customer Service (email, fax or mail).

If you were a registered apprentice in another province in a designated Red Seal trade your results can be assessed for transfer. Please indicate the province to be contacted: _____.

Note: Sponsorship of an Apprentice is by mutual agreement of the parties and may be cancelled at the discretion of either the Apprentice or Sponsor. Please ensure you return ALL 4 PAGES of the application form, and that the apprentice has initialed pages 2 and 3 in the bottom right corner of the page.

A. Apprentice Information

ITA Individual ID #: (leave blank for new registration)		Program (Trade):	
Legal First Name:	Legal Middle Name (s):	Legal Last Name:	
Date of Birth (MMM,DD,YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Suite Number:	Mailing Address:		
City:	Province: BC	Postal Code:	
Phone Number: ()	Secondary Phone Number: ()	Fax Number: ()	
How do you want to receive updates from the ITA? <input type="checkbox"/> Email <input type="checkbox"/> Mail Email Address:		Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>	
PEN Number: Note: PEN and Graduation required if you are an SSA or ACE IT apprentice.		High School Graduation Date (MMM,DD,YYYY): (if you have not yet graduated, please enter your expected graduation date)	

B. Sponsor Information

Name of Organization:		Organization ID # (if already registered):	
Preferred Channel of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail Email Address:		Secondary Email Address:	
Suite Number:	Mailing Address:		
City:	Province: BC	Postal Code:	
Union: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number and Extension: ()	Fax Number: ()	
Primary Contact Person: Name :	Date of Birth (MMM,DD,YYYY):	ITA Individual ID# (if already registered):	
Secondary Contact Person: Name:	Date of Birth (MMM,DD,YYYY):	ITA Individual ID# (if already registered):	

APPRENTICE AND SPONSOR REGISTRATION FORM

APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT (If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

C. Agreement to Fulfill Responsibilities of Apprentice

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
 - scheduling and registering myself into and successfully completing required Technical Training at an ITA-approved training institution of my own choice, OR
 - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

D. Accuracy of Information Provided

I declare that:

all information I have provided or will provide to the Industry Training Authority ("ITA") in the future is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to the ITA, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled and I may not be allowed to re-register,
- my trade certificate issued by the ITA may be cancelled, and/or
- I may be subject to criminal prosecution.

E. Authorization to Collect Information Inside or Outside of Canada

I agree that the Industry Training Authority may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
 - my current and former employers
 - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to the ITA.

F. Consent to Disclose Information

I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available.

Apprentice Initial

APPRENTICE AND SPONSOR REGISTRATION FORM

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I also agree to information from my apprenticeship record with the ITA being provided to others as follows:

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which ITA believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers including Industry Training Organizations (ITOs): Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

G. Option to receive some course notifications (This Section must be Completed by Apprentice)

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with ITA-approved institutions. You may find it helpful to receive some notifications directly from approved trainers or from ITOs contracted by ITA of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- The ITA may provide** my contact information to ITA-approved public and private training institutions and the ITO responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- The ITA may NOT provide** my contact information to ITA-approved public and private training institutions or the ITO responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

NOTE TO APPRENTICE:

If you have a question or concern about ITA's use of your personal information, contact an ITA Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011

H. Apprentice Signature

"By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form."

Apprentice's Signature:	Date (MM.DD.YYYY):
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Apprentice Initial

APPRENTICE AND SPONSOR REGISTRATION FORM

SPONSOR RESPONSIBILITIES AND DECLARATION

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

I. Agreement to Fulfill Responsibilities of Sponsor

I understand and agree that it is my responsibility to:

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of an ITA-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
- Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

J. Accuracy and Currency of Information Provided

I declare that:

- the apprentice's work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to the Industry Training Authority is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I knowingly provide untrue information or false documents to the ITA regarding my apprentice, or fail to provide information or documents requested by them:

- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice's registration may be cancelled and the apprentice may be prevented from re-registering,
- a trade certificate issued by the ITA to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

K. Sponsor Signature

"By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form."

Sponsor's Signature:	Date (MMM,DD,YYYY):
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