Apprenticeship A partnership for industry training



For Designated Trainers - Senior Years Apprenticeship Option

Review of Work Experience - Trade of Agricultural Equipment Technician

NOTE: Effective April 1, 2003, all NEW applicants wanting to train as an apprentice in a designated Manitoba apprenticeship trade must work under the supervision of a certified journeyperson unless a specific Trade Regulation provides accommodation for an alternate arrangement.

In recognition that the Senior Years Apprenticeship Option (SYAO) requires greater flexibility in its administration, an amendment was made to the General Regulation stating that apprentices registered in the SYAO (except in trades that require compulsory certification), can be supervised by an uncertified journeyperson (designated trainer) until **November 1, 2008**. After November 1, 2008, all Senior Years apprentices must be supervised by a certified journeyperson.

If you are not a certified journeyperson, to participate in the SYAO and to qualify as a designated trainer for this trade, you must have worked as a Truck & Transport Mechanic, Agricultural Equipment Technician or Heavy Duty Equipment Mechanic and have:

Please provide the following information so we can assess the training and supervision you will be giving your

- experience in 70 per cent of the tasks of one of these trades
- at least six years of work experience in one of these trades within the last ten years

apprentice:						
Your Name E		s Phone	Senior Years A			
Business Name	Business Mailing Ac	ldress		City/Town		
In what trade are you working?	☐ Agricultural Equi	quipment Heavy Duty Equipment			Truck & T	ranspor
Will you be supervising and training a Senior Years Apprentice?						□No
Have you worked full-time in one of the qualifying trades in the last six years?						□No
Indicate the approximate number	of hours you have	worked in the	last six yea	rs		
In the last ten years, how many ye	ears have you wor	ked as a Mech	anic or Tec	hnician?		
Would you consider becoming certified by taking a Trades Qualifications examination?						
Would you like information on qua	alifying for interprov	vincial certifica	tion through	Trades Qualific	ation?	
					□Yes	□No
Would you be interested in participating in certification upgrading courses?						□No
Please complete the following request	outlining your employ	yment history. U	se additional _l	paper if required:		
Employer (Include Address)		Dates of Emp		Experience Indicate # months)	Total # Hours	

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Note: Additional information required on reverse side of page.

Designated Trainer Work Experience Form

Agricultural Equipment Technician During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.	Percentage of time spent performing this task
Electrical and Electronic Systems Includes: maintenance, diagnosis and repair of electrical and electronic components and systems, charging, starting and ignition components and systems, conductors and accessories.	%
Hydraulics and Hydraulic Systems Includes: maintenance, diagnosis and repair of hydraulic, pump, hydrostatic, control, actuators and lines and hydraulic cooling component and systems.	%
• Drive Train and Drive Train Systems Includes: maintenance, diagnosis and repair of drive train systems, clutches, drive lines, transmissions and gear boxes, differentials, belts and drive component parts and systems.	%
• Engines and Engine Systems Includes: maintenance, diagnosis and repair of engines, lubrication, cooling, intake and exhaust, fuel and engine control component parts and systems.	%
Crop Equipment Includes: repair of tillage, seeding, harvesting spraying and irrigation equipment.	%
Steering and Braking Systems Includes: maintenance, diagnosis and repair of steering and braking component parts and systems.	%
Structural Components and Accessories Includes: repair of heating and air conditioning systems, frames and suspensions.	%
Other Tasks Includes: any other tasks that you may have been assigned. If applicable, please identify these tasks and give a percentage of time spent working on them.	%
Total	100%

Name (please print):		
Signature:	Date:	
If Applicable, Name of En	nployer (pleas	se print):
Signature of Employer: _		Date:
ATC's Approval Signature	Date	Director, Field Operation's Approval Signature Date

I verify that, to the best of my knowledge, the information I am submitting is true and accurate.

This personal information is being collected under the authority of *The Apprenticeship and Trades Qualifications – General Regulation* and will be used for the purpose of renewing your authorization to act as a designated trainer in the trade. It will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act*.

Your personal information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act.* If you have any questions about the collection or use of your personal information, contact:

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