

For Designated Trainers - Senior Years Apprenticeship Option

Review of Work Experience - Trade of Cabinetmaker

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 journeyman 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 journeyman (designated trainer) until **November 1, 2008**. After November 1, 2008, all Senior Years apprentices must be supervised by a certified journeyman.

If you are not a certified journeyman, to participate in the SYAO and to qualify as a designated trainer in this trade, you must have:

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

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

Your Name Business Phone Senior Years Apprentice's Name

Business Name Business Mailing Address City/Town

- Will you be supervising and training a Senior Years Apprentice? Yes No
- Have you worked full-time as a Cabinetmaker in the last ten years? Yes No
- Indicate the approximate number of hours you have worked in the last ten years _____
- Would you consider becoming certified by taking a Trades Qualifications examination? Yes No
- Would you like information on qualifying for interprovincial certification through Trades Qualification? Yes No
- Would you be interested in participating in certification upgrading courses? Yes No

Please complete the following request outlining your employment history. Use additional paper if required:

Employer (Include Address)	Dates of Employment	Experience (Indicate # months)	Total # Hours

Note: Additional information required on reverse side of page.

Designated Trainer Work Experience Form

Cabinetmaker	<i>Percentage of time spent performing this task</i>
<i>During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.</i>	
<ul style="list-style-type: none"> • Machining <i>Includes:</i> using stationary woodworking machines such as bandsaws, drill presses, planers and wood lathes and automated equipment such as automatic gang saws, CNC routers and computerized crosscut saws. 	%
<ul style="list-style-type: none"> • Common Occupational Skills <i>Includes:</i> -planning work activities including estimating costs and work process planning; -making and interpreting blueprints, schedules, specifications etc.; and -using all common hand, power and layout tools including saws, chisels, circular saws, sanders, steel and combination squares. 	%
<ul style="list-style-type: none"> • Assembly <i>Includes:</i> assembling cabinets, furniture and architectural woodwork and millwork products. 	%
<ul style="list-style-type: none"> • Veneers and Laminates <i>Includes:</i> -application of veneers and inlays; -application of plastic and metal laminated materials; and -Application of solid surfaces and edge treatments. 	%
<ul style="list-style-type: none"> • Forming and Laminating <i>Includes:</i> bending and laminating wood and related materials. 	%
<ul style="list-style-type: none"> • Finishing and Restoration <i>Includes:</i> preparing and applying finishing materials and restoring woodwork. 	%
Other Tasks <ul style="list-style-type: none"> • <i>Includes:</i> 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%

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

Name (please print): _____

Signature: _____ **Date:** _____

If Applicable, Name of Employer (please print): _____

Signature of Employer: _____ **Date:** _____

ATC's Approval Signature

Date

Director, Field Operation's Approval Signature

Date

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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