

For Designated Trainers - Senior Years Apprenticeship Option

Review of Work Experience - Trade of Cook

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**.

The **Trade of Cook** has a provision that allows a designated trainer to supervise the work of and train a Senior Years apprentice for 12 months effective on the date the apprenticeship agreement is registered. After the 12-month training period, the Senior Years apprentice must receive training from another designated trainer or a certified journeyman. After November 1, 2008 all Senior Years apprentices must be supervised by certified journeymen.

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 scope of the trade
- a minimum of one full year of work experience within the last year PLUS three years of work experience 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 in the last 12 months? **Yes** **No**

Indicate the approximate number of hours you have worked in the last 12 months _____

Within the last 10 years, how many years have you been employed as a Cook? _____

Would you consider becoming certified by taking a Trades Qualifications examination? **Yes** **No**

Would you like to receive information on qualifying for interprovincial certification through the process of Trades Qualification? **Yes** **No**

Would you be interested in participating in any upgrading courses organized by the Apprenticeship Branch? **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

<h2 style="margin: 0;">Cook</h2> <p style="font-size: small; margin: 5px 0;">During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.</p>	<p style="font-size: small; margin: 0;">Percentage of time spent performing this task</p>
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• Preparation and cooking of meats and poultry	%
• Preparation and cooking of fresh vegetables, fruits, starches and farinaceous products	%
• Preparation and cooking of stocks, sauces and soups	%
• Preparation and cooking of fin fish, shellfish (crustaceans, mollusks and specialty items)	%
• Planning and organization of work activities	%
• Preparation and presentation of cold foods and cold buffets	%
• Dairy products, eggs, and breakfast cookery	%
• Preparation and presentation of baked goods	%
• Preparation and presentation of desserts	%
• Preparation, cooking and use of convenience products	%
• Preparation, cooking and storage of food items for freezing and chilling	%
• Preparation of hot and cold beverages	%
Other Tasks • <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

