A partnership for industry training



## For Designated Trainers - Senior Years Apprenticeship Option

## Review of Work Experience –Glazier

**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 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 App	rentice's Name		
Business Name	Business Mailing Address		City/Town		
Will you be supervising and training a Senior Years Apprentice?					□No
Have you worked full-time as a Glazier the last six years?				□Yes	□No
Indicate the approximate number of	of hours you have worked in th	ne last six years			
In the last ten years, how many ye	ars have you worked as a Gla	zier?			
Would you consider becoming certified by taking a Trades Qualifications examination?					□No
Would you like information on qua	lifying for interprovincial certifi	cation through T	rades Qualific	cation?	
				□Yes	□No
Would you be interested in particip	pating in certification upgrading	g courses?		□Yes	□No

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

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

Note: Additional information required on reverse side of page.

## **Designated Trainer Work Experience Form**

<b>Glazier</b> 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
Fabricating and Installing Support Structures	%
Glazing Curtain Walls, Storefronts, Entranceways, Skylights, Sloping Walls, Barrel Vaults, Solariums etc.	%
Installing and Maintaining Glass Doors	%
Servicing and maintaining Existing Facilities	%
Cutting and Shaping Glass to Specifications	%
Handling and Transporting Glass Materials	%
Fabricating and Installing Specialty Products	%
Removing and Installing Automotive Glass	%
Planning Work Activities	%
Performing Specialized Treatments to Glass Plate	%
• 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%

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 E	mployer (plea	se 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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