

Designated Trainer Work Experience Application Trade of Heat and Frost Insulator

NOTE: Effective January 18, 2006, all NEW applicants wanting trades training as apprentices must work under the supervision of a certified journeyperson unless a specific Trade Regulation provides accommodation for an alternate arrangement.

The **Trade Regulation for Heat and Frost Insulator** allows a provision to use a designated trainer (an experienced tradesperson without journeyperson certification) to supervise the work of and train an apprentice. The training arrangement between a designated trainer and apprentice in this trade is valid until **January 18, 2012**. At that time there should be sufficient numbers of certified journeypersons available to supervise and train new apprentices entering the trade.

To qualify as a designated trainer in this trade, you must have:

- _ experience in 70 per cent of the scope 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:

| Name | Business Phone | } |
|--|---|--|
| Business Name | Mailing Address | Town and Postal Code |
| Have you worked full-t | ime as a Heat and Frost Insulator in th | e last six years? |
| Indicate the approximation | ate number of hours you have worked i | in the last six years |
| Within the last ten yea | rs, how many years have you been a ⊦ | leat and Frost Insulator? |
| Would you consider be | ecoming certified by taking a Trades Q | ualifications examination? □Yes □No |
| Would you like to rece Qualification? | ive information on qualifying for provinc | cial certification through the process of Trades |
| Would you be interested | ed in participating in any certification up | pgrading courses organized by the |

Apprenticeship Branch?

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 |
|----------------------------|---------------------|-----------------------------------|------------------|
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Note: Additional information required on reverse side of page.

Designated Trainer Work Experience Form

To qualify for a Certificate of Qualification with examination, in the **last ten years**, you must have worked a minimum of **six years** performing the following job tasks:

| Heat and Frost Insulator 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 |
|--|--|
| • Occupational Skills Includes: Determines administrative, production and site specific requirements, checks substrates for readiness, and cleans up site after job. | % |
| • Industrial Application Includes: Insulates for thermal applications, fabricates insulation for tanks, removal covers, vessels and fittings, installs protective coverings, applies sealants, insulates for refractory applications (1500° F +), insulates for cryogenic applications (-150° F to absolute zero), installs underground insulating systems, insulates for sound proofing and applies fire proofing materials. | % |
| • Commercial Applications Includes: Insulates plumbing and mechanical systems, HVAC (heating, ventilation, and air conditioning) and fittings, installs finishing and sound proofing materials. | % |
| • Asbestos Abatement Includes: Determines scope of work (unique to this area of the trade), removes asbestos in high risk conditions, performs maintenance repair and encloses and encapsulates asbestos. | % |
| • Spraying Insulation Materials Includes: Sprays insulation, sealers and coatings and maintains spray equipment. | % |
| Fire Stopping and Smoke Seals Includes: Determines required fire stopping system and installs fire stopping. | % |
| • 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. | % |

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

| Signature | of Em | ployer: | |
|-----------|-------|---------|--|
|-----------|-------|---------|--|

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:

Apprenticeship Branch

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