Apprenticeship

A partnership for industry training



For Designated Trainers - Senior Years Apprenticeship Option

Review of Work Experience - Trade of Motor Vehicle Mechanic

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:

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

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

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 □Yes □No Have you worked full-time as a Motor Vehicle Mechanic in the last five years? Indicate the approximate number of hours you have worked in the last five years In the last ten years, how many years have you worked as a Motor Vehicle Mechanic?_ □Yes □No Would you consider becoming certified by taking a Trades Qualifications examination? 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 Total # (Indicate # months) Hours

Note: Additional information required on reverse side of page.

Designated Trainer Work Experience Form

Motor Vehicle Mechanic	Percentage of
During the last ten years, what percentage of time have you spent performing the following tasks? Percentages must total 100%.	time spent performing this task
Engine Management Systems Includes: diagnosis, inspection, repair, replacement and servicing of engine electronics, emission control, ignition, fuel delivery and air induction components and systems.	%
Electrical, Electronic and Vacuum Control Systems Includes: diagnosis, inspection, repair, replacement and servicing of batteries, charging, starting, body electrical, ventilation and air conditioning and occupant restraint components and systems.	%
• Steering, Suspension and Brake Systems Includes: diagnosis, inspection, repair, replacement and servicing of braking systems, tires, wheels, steering linkage and alignments. Also includes suspension systems, manual and power steering components and systems.	%
• Internal Combustion Engines Includes: diagnosis, inspection, repair, replacement and servicing of engine components and systems including cooling. Also includes removing and installing engines.	%
Drive Line System Includes: diagnosis, inspection, repairs, replacement and servicing of all types of transmissions, transaxles, clutches, transfer cases drive lines, differentials component and systems.	%
Body Hardware and Trim Includes: repairing of trim and body hardware as well as installing and servicing accessories.	%
Work Practices Includes: interpretation of manufacturer manuals and data. operating all common shop tools and equipment including basic welding. installing, fastening and sealing devices.	%
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 E	mployer (plea	se print):
Signature of Employer:		Date:
ATC's Approval Signature	 	Director, Field Operation's Approval Signature Date

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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