A partnership for industry training



## For Designated Trainers - Senior Years Apprenticeship Option

# **Review of Work Experience -Plumber**

**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 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 a	□Yes	□No		
Indicate the approximate nu	imber of hours you have worked in th	ne last six years		
In the last ten years, how m	any years have you worked as a Plu	imber?		
Would you consider becomi	ing certified by taking a Trades Quali	ifications examination?	□Yes	□No
Would you like information of	on qualifying for interprovincial certifi	cation through Trades Qualifi	cation?	
			□Yes	□No
Would you be interested in	participating in certification upgrading	a courses?	□Yes	□No

Would you be interested in participating in certification upgrading courses?

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**

### Plumber Percentage of During the last ten years, what percentage of time have you spent performing the following time spent performing tasks? Percentages must total 100%. this task Drainage, Waste and Vent Systems • % Includes: installing site services; and -roughing in interior drainage, waste and vent systems below and above grade. Potable Water Distribution • Includes: determining systems' requirements and pipe sizing, installing water services; % -potable water distribution piping systems and potable water equipment. **Fixtures and Appliances** % Includes: installing fixtures and appliances. Service • Includes: maintaining, repairing and replacing plumbing systems and their component % parts such as fixtures, appliances, pumps and HVAC controls. Hydronic Heating and Cooling Systems % Includes: determining systems' requirements and pipe sizing; and -installing hydronic heating/cooling piping systems and related generating equipment and units. Pumps • Includes: selecting, installing, testing and adjusting pumps. % Job Planning •

*Includes:* interpreting working drawings, specifications and codes; and -completing documentation and reports and coordinating resources and work-related activities.

# Natural and Liquified Petroleum Gas Includes: determining systems' requirements and pipe sizing; and -installing LPG piping systems both under and above ground.

# • Specialty Piping Systems Work Practices % Includes: identifying and installing specialty piping systems and equipment. % • Private Sewage Disposal % Includes: designing and installing private sewage disposal systems. % • 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 (pleas	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:

### **Apprenticeship Branch**

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