

Apprentice Application Instructions

PLEASE RETAIN THESE INSTRUCTIONS FOR YOUR OWN RECORDS

To participate in the Manitoba Apprenticeship Program, an applicant must have a qualified and willing Employer who will provide the supervision and the practical experience needed for certification.

As of April 1, 2003, Employers **MUST** have certified Journeyperson(s) available to supervise Apprentices, unless the Apprentice:

- is from a community or incorporated community as defined under *The Northern Affairs Act*, effective until March 1, 2006
- is from a reserve as defined under *The Indian Act*, effective until March 1, 2006
- is a Senior Years Apprentice (SYAO), effective until November 1, 2008
- is in a trade whose regulations permit the use of Designated Trainers.

Instructions for Apprentices

NEW APPLICANTS or CHANGING TRADES - \$50.00 fee required

Complete, sign and return the

1. Apprentice and Employer Application signed by you and your new employer
2. Consent to Disclose Information
3. Apprenticeship Agreement
4. Official Transcripts (new applicants only)

- Official Manitoba K-S4 transcripts can be obtained by contacting:

Professional Certification & Student Records Unit

Manitoba Education, Citizenship and Youth,

Telephone: (204) 773-2998, Toll free 1-800-667-2378, Fax: (204) 773-2411

- Trade related transcripts can be obtained from your training institution.

CHANGING EMPLOYERS - No fee required

Complete and return the

1. Apprentice and Employer Application signed by you and your new employer
2. Apprenticeship Agreement
3. Report of Hours Form (Blue Book)
4. Practical Training Record Book (if applicable), to the Apprenticeship Training Coordinator showing all tasks completed to date.

Application Fees

There is no fee for changing employers, or reactivating an agreement within a year of the cancellation date. The \$50.00 non-refundable fee can be sent by cheque or money order payable to **Minister of Finance**. A \$20.00 charge will apply to NSF cheques. Please complete the Credit Card Information section to pay by VISA or MasterCard.

IMPORTANT NOTE

The Employer and the Apprentice must complete the Apprentice Application, Employer Application, Apprenticeship Agreement signed by you and your employer, Official Transcripts, Consent to Disclose Information form, include the \$50.00 non-refundable fee, and forward to:

Apprenticeship Branch

1010 - 401 York Avenue, Winnipeg, Manitoba R3C 0P8

Telephone: (204) 945-3337 1-877-978-7233 toll free in Manitoba Fax: (204) 948-2346

www.gov.mb.ca/tradecareers

Reminder: You are not an apprentice until **registered** with the Apprenticeship Branch and the current employer.

Apprentice Application

Trade Name _____

Application Category

Please check all relevant categories

- New Application
- Re-registration
- Change of Trade
- Change of Employer
- Mature Student
- HNTI (Hydro Northern Training Initiative; CN - Cree Nation FN - First Nation)
 - Nisichawayasihk CN
 - York Factory FN
 - Fox Lake CN
 - Tataskweyak CN
 - War Lake FN
- ASEP (Automotive Service Educational Program)
- ASSET (Automotive Student Service Educational Training)
- Senior Years Apprentice

Office Use Only	_____
Registration #	_____
MET#	_____

Personal Information

Please **PRINT** in INK.

Language for correspondence English French

Legal First Name	Middle Name	Last Name	Preferred First Name
Social Insurance Number	Date of Birth (yy/mm/dd)	E-mail	
Home Mailing Address	City/Town	Postal Code	Province
Home Telephone Number	Work Telephone Number	Cellular Number	
Manitoba Resident <input type="radio"/> yes <input type="radio"/> no	Canadian Citizen <input type="radio"/> yes <input type="radio"/> no	If no, what is your status in Canada? _____	

Education

New Apprentices **MUST** include a K-S4 Transcript and/or Trade Transcript with this application.

- 1) Last education or training obtained _____
- 2) Did you attend a Pre-employment program? yes no If yes, in what trade _____
 dates attended, from _____ to _____ Training Institution _____

Trade Name	Certificate#	Certificate Date	Issuing Province/Territory
Trade Name	Certificate#	Certificate Date	Issuing Province/Territory

Employment

Previous Trade-Related Employment

Business name and address	Start Date	End Date	Trade Related Work Experience
Business name and address	Start Date	End Date	Trade Related Work Experience
Business name and address	Start Date	End Date	Trade Related Work Experience

Apprenticeship

A partnership for industry training

Self Declaration (Optional)

Gender Female Male
Disability yes no
Visible Minority yes no
Native Ancestry First Nations Non-Status Metis Inuit
What is your most fluent language? _____

Alternate Contact Person (Optional)

The person named below can provide information to, and receive information from the Apprenticeship Branch regarding the status and details of my Apprenticeship in the event that I cannot be contacted.

Contact Name Relationship to Apprentice

Address City Province

Postal Code Telephone Fax

Declaration

The information I have given is true, complete and accurate. I understand that failure to give truthful, complete and accurate information may result in refusal of this application or cancellation of the Apprenticeship Agreement.

Signature of Applicant _____ Date _____

Credit Card Information (if paying by credit card)

VISA MasterCard Credit Card Number _____
Expiry Date _____ Cardholder Name _____
Month/Year

IMPORTANT NOTE

- Incomplete applications or applications without supporting documents will **NOT** be processed and will be returned.
- Contact the Apprenticeship Branch immediately, in writing, to update your records when there is a change to your name, telephone number, address, employer, your designated contact person or e-mail.
- To work in a compulsory certification trade, you must be a certified Journeyperson or a registered Apprentice.

For Office Use Only

Start Date _____ Registration Date _____
Time Credit _____ Institution Accreditation No. _____
Anticipated Completion Date _____ Levels Required _____
Apprenticeship Branch Authorizing Signature _____ Date _____

Apprenticeship

A partnership for industry training

Employer Application

Trade Name _____

Office Use Only

Employer ID # _____

IMPORTANT NOTE

As of April 1, 2003, Employers **MUST** have certified Journey person(s) available to supervise Apprentices, unless the Apprentice:

- is from a community or incorporated community as defined under *The Northern Affairs Act*, effective until March 1, 2006
- is from a reserve as defined under *The Indian Act*, effective until March 1, 2006
- is a Senior Years Apprentice (SYAO), effective until November 1, 2008
- is in a trade whose regulations permit the use of Designated Trainers.

Reminder: The applicant is not an apprentice until **registered** with the Apprenticeship Branch and the current employer.

Business Information

Please PRINT in INK

Legal Registered Name of Business

Operating Name

Business Mailing Address

City/Town

Postal Code

Province

Name of Employer

Contact

Business Telephone

Cellular Telephone

Fax Number

E-mail

Worksite Address

City/Town

Postal Code

Province

Workers Compensation # (if applicable)

Employment Information

- Name of Apprentice Applicant _____
- Apprentice applicant start date in this trade at this business _____
- Time Credit _____

Wages

- Prevailing Journey person wage rate _____
- Apprentice wage rate _____

Consent to Disclose Business Information (Optional)

I authorize the Apprenticeship Branch to disclose to recognized groups, organizations, associations, or businesses, business-identifying information as it relates to participation in a Manitoba Apprenticeship program for general trades-related correspondence or for consideration of an honour or award.

Yes

No

Apprenticeship

A partnership for industry training

Training Information

The number of trade certified Journeypersons employed at this business _____

The number of registered Apprentices employed at this business _____

List the trade certified Journeypersons employed at this business, submit an additional sheet if there is not enough space.

Name of Journeyperson	Trade Certificate of Qualification #	Issuing Province
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Designated Trainer

Some Trade Regulations allow for the use of Designated Trainers when employers do not have Certified Journeypersons to train apprentices. If you require information on Designated Trainers or require a Designated Trainer Work Experience Application Form, please contact the Apprenticeship Branch or visit www.gov.mb.ca/tradecareers.

Please specify if you are applying to train an Apprentice in a trade that permits Designated Trainers. (Check all that apply.)

- Trade Regulation Requirements
 - Senior Years Apprenticeship Option (SYAO)
 - The Northern Affairs Act*
 - The Indian Act*
- Completed Designated Trainer Work Experience Application Form Attached yes no

Declaration

I have the authority as, or, on behalf of, the Employer to complete this application. The information given in this application is true, complete and accurate. I understand that failure to give truthful, complete and accurate information may result in refusal of this application or cancellation of this Apprenticeship Agreement.

Authorized Signature _____ Date _____

Position with Employer _____

IMPORTANT NOTE

- Incomplete applications or applications without supporting documents will **NOT** be processed and will be returned.
- Contact the Apprenticeship Branch immediately, in writing, to update your records when there is a change to your name, telephone number, address, employer, your designated contact person or e-mail.
- To work in a compulsory certification trade, you must be a certified Journeyperson or a registered Apprentice.

Apprenticeship Agreement

Trade Name _____

The Apprentice and the Employer will abide by the provisions of *The Apprenticeship and Trades Qualifications Act*, and its regulations. The Executive Director may suspend or cancel this agreement if the Apprentice is not receiving adequate training. (Out-of-province Apprentices and Employers who register an agreement in Manitoba for technical training purposes only, are not bound by Manitoba Apprenticeship legislation. Contact the Apprenticeship Branch at 1-204-945-3337 for details.)

The Apprentice and Employer agree to:

- Include the required hours of practical training and technical training.
- Discuss the Apprentice's development and progress, and complete required information in the Report of Hours Form (blue book).
- Notify each other and the Executive Director in writing within 15 days if either person chooses to cancel this Agreement.

The Apprentice agrees to:

- Pay tuition and other fees when required.
- Use financial assistance received from government sources to pay only for education and living costs directly related to Apprenticeship training and return any amount not used for these purposes.
- Complete hours of practical training, technical training and examinations according to *The Apprenticeship and Trades Qualifications Act*.
- Notify the Executive Director, in writing, within 15 days if, there are name or address changes or the Apprentice is no longer an employee.

The Employer agrees to:

- Pay the Apprentice at least the minimum wages outlined in the trade regulation.
- Assign a certified Journeyperson or Designated Trainer to give the Apprentice as much practical training as available.
- Supervise the Apprentice and ensure that the Apprentice's daily work does not begin earlier or end later than the working hours of a supervising Journeyperson or Designated Trainer.
- Permit the Apprentice to attend required technical training and examinations according to *The Apprenticeship and Trades Qualifications Act*.
- Complete required information in the Report of Hours Form (blue book).
- Notify the Executive Director, in writing, within 15 days if the Apprentice is no longer an employee.

Complete, Sign and Return

The Apprentice Application, Employer Application, Apprenticeship Agreement (signed by you and your employer), Official Transcripts, Consent to Disclose Information form (sign on the back of this agreement), and the \$50.00 non-refundable fee (if applicable), send all documents to:

Apprenticeship Branch

1010 - 401 York Avenue, Winnipeg, Manitoba R3C 0P8

Telephone: (204) 945-3337 1-877-978-7233 toll free in Manitoba Fax: (204) 948-2346

www.gov.mb.ca/tradecareers

This agreement is legal when registered with the Executive Director of Apprenticeship and Trades Qualifications between:

1. _____, (the "Apprentice"),
Print Legal Name of Apprentice, and

2. _____, (the "Employer")
Print Legal Name of Business

We have read, understand and agree with the terms of this agreement

Signature of Apprentice **Date**

Signature of Employer/Employer Representative **Date**

Signature of Parent or Guardian (if the apprentice is a minor) **Date**

Registered by the Executive Director of Apprenticeship and Trades Qualifications **Date**

PLEASE READ AND SIGN BACK PAGE

Consent to Disclose Information

WHY PERSONAL INFORMATION IS COLLECTED

The Apprenticeship Branch collects personal information and personal health information on this application under the authority of *The Apprenticeship and Trades Qualifications Act* and its regulations. The Apprenticeship Branch will use the information for the following:

- To administer and monitor your Apprenticeship training and ensure compliance with the *The Apprenticeship and Trades Qualifications Act* and the regulations under the Act.
- To verify information submitted on an application so that an Apprenticeship Agreement can be registered.
- To administer and participate in trade certification and information programs, including the Interprovincial Standards (Red Seal) Program administered by the Canadian Council of Directors of Apprenticeship (CCDA).
- To plan, research and evaluate programming.

Personal information and personal health information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba and *The Personal Health Information Act* of Manitoba. Any other use, and disclosure of personal information or personal health information by the Apprenticeship Branch must be authorized by the Apprentice or authorized under these Acts.

Any questions or concerns regarding the use of your personal information or personal health information can be directed to the Apprenticeship Branch at (204) 945-3337 or 1-877-978-7233 toll free in Manitoba.

CONSENT TO DISCLOSE INFORMATION

I understand that to administer, monitor and evaluate my apprenticeship training, the Apprenticeship Branch may need to obtain and provide personal information about me to:

- My sponsoring employer.
- Other Provincial Government Education Branches and Human Resources and Skills Development Canada HRSDC to assist in obtaining financial support.
- The Workplace Safety and Health Branch and the Employment Standards Branch of Manitoba Labour and Immigration, to administer and enforce workplace legislation.
- Accredited training providers that provide technical training to me.
- Transport Canada for program audit and/or licencing purposes (Trade of Aircraft Maintenance Journey person only).
- Government officials responsible for Apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the Manitoba Apprenticeship and Trades Certification program.
- Canadian Council of Directors of Apprenticeship (CCDA) and Human Resources and Skills Development Canada (HRSDC) officials to administer the Interprovincial Standards (Red Seal) Program and/or to confirm my status as a Red Seal program client listed in the Interprovincial Computerized Examination Management System database (ICEMS).
- Groups, organizations or associations for general trade-related correspondence, or to be considered for an honour or award.

I understand that under the authority of the *Statistics Act* (Canada), the Apprenticeship Branch shares identifying personal information with Statistics Canada to conduct statistical surveys with individuals. Reports and information produced by Statistics Canada from these surveys do not identify any individual or individuals. I also understand that the Apprenticeship Branch may share non-identifying bulk information with Statistics Canada and other Canadian provinces and territories to maintain national statistics and records.

I authorize the Apprenticeship Branch and these persons and entities to share such personal information about me as may be necessary for these purposes.

Signature of Apprentice _____

Date _____