



**Coast Mountains Board of Education  
School District 82**



**Dual Credit (Youth Train in Trades – YTT)  
Program Application Package**

Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Training Program: \_\_\_\_\_ Application Date: \_\_\_\_\_

**Checklist & Documents Required:**

- Student Information Verification
- Teacher Reference
- Statement of Interest and Commitment/ Program Research
- Education/Transition Plan *(completed by school counsellor)*
- Field Trip Permission Form
- Training Program Application Form
- Secondary School Transcript *(from school counsellor)*
- Government Photo Identification (BC DL, BC Care Card or BC ID)
- Parents' Proof of BC Residence: (1) BC Care Card or BC Services Card  
AND (2) BC Driver's License or Utility Bill

**Submit the completed application package and additional documents  
to your school's career counsellor or to:**

Northwest Trades & Employment Training Centre (NTETC), Terrace  
Geoff McKay – Principal  
*NTETC@cmsd.bc.ca or 250 635-7944*

# Student Information Verification

## STUDENT

Legal Last Name	_____	Home phone	_____	Unlisted?	<input type="checkbox"/>
Legal First Name	_____	Student e-mail	_____		
Legal Middle Name(s)	_____	RR # / PO Box	_____	Family Courier	<input type="checkbox"/>
Usual Last Name	_____	Street address	_____		
Usual First Name	_____	City	_____	Prov	_____
Usual Middle Name(s)	_____	PC	_____		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Mailing address (if different than property address)	_____		
Date of birth	_____	Street Address	_____		
Personal Health No.	_____	RR Number/PO Box	_____		
		City	_____	Prov	_____
		PC	_____		

Previous School Name \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

Male  Female  Parental authority or guardian

Can pick up  Lives with student

Receive mailings  Receive email

Receive autodialer calls  Has portal access

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Property Address (if not living with student)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

### Mailing Address (if different than student / propertyAddress)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

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Relationship \_\_\_\_\_

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Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Property Address (if not living with student)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

### Mailing Address (if different than student / propertyAddress)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

Male  Female  Parental authority or guardian

Can pick up  Lives with student

Receive mailings  Receive email

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Home Phone \_\_\_\_\_

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Cell Phone \_\_\_\_\_

### Property Address (if not living with student)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

### Mailing Address (if different than student / propertyAddress)

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail address \_\_\_\_\_

## Student Information Verification

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**EMERGENCY CONTACT INFORMATION** (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1 _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____
Emergency Contact 2 _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____
Emergency Contact 3 _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____
Out of district contact _____	Home phone _____	Work phone _____
	Cell phone _____	Relationship _____

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**SIBLING INFORMATION**

Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____
Legal Last Name _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First Name _____		Female <input type="checkbox"/>	Relationship _____

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**STUDENT LEGAL ALERTS - Court Order on file?** 

Description \_\_\_\_\_

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**STUDENT MEDICAL ALERTS** Life Threatening?  Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Description \_\_\_\_\_

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**OTHER STUDENT ALERTS - Health, family or other informational**

Description \_\_\_\_\_

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**CITIZENSHIP (country)** \_\_\_\_\_ Visa Status \_\_\_\_\_ Expiration \_\_\_\_\_

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**LANGUAGE** At Home \_\_\_\_\_ Most Used \_\_\_\_\_ First \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

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Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**A. Parent/Guardian Signature:**

I grant my son/daughter permission to participate in the Dual Credit Program with the Coast Mountains School District 82 and the program partner, ITA, and that information contained herein will be provided to the instructor(s).

- Yes, I hereby grant permission to CMSD personnel to take photos/videos of my son/daughter. These pictures/videos may be used in career program publications and on the CMSD website at any time for purposes of promotion and celebration of student successes.
- No, I do not grant permission to CMSD personnel to take photos/videos of my son/daughter for purposes of promotion and celebration of student successes.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

**please print**

Parent/Guardian Signature: \_\_\_\_\_

**B. Applicant Signature:** I certify that all statements on this application are true and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Teacher Reference Form (Dual Credit Application Package)

Please provide a teacher reference from your current school. Select a teacher who knows your practical skills and abilities. Provide an employer reference if you aren't currently enrolled at a school.

**Dual Credit Program:** \_\_\_\_\_ **Student:** \_\_\_\_\_

**Please check the following traits as:**

1. Maturity
2. Accuracy/ability to following direction
3. Enthusiasm and interest
4. Adaptability – adjusts to new situation
5. Follows through on assigned tasks
6. Attendance
7. Punctuality
8. Shows motivation to learn new skills
9. Can work independently
10. Has positive attitude towards work
11. Communication: oral, written, spoken
12. Accepts constructive criticism
13. Makes changes as a result of learning

Excellent	Good	Satisfactory	Needs Improvement

**Please check the following:**

14. Could this student be counted on to represent the school favorably in an industry setting?
15. Do you feel this student has a sincere interest in the program?

Yes	Possibly	No

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Evaluation completed by:**

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_



## Statement of Interest and Commitment (Dual Credit Application Package)

1. What have you done to prepare yourself for study and work in this Dual Credit Program?  
(e.g. related jobs, volunteer experience, extra-curricular activities, courses, job shadows)

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2. Explain the skills and talents that you have that will help you succeed in this trade?

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3. Why are you a good candidate and what can you do to ensure you'll be successful?

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## Program/Trade Research

Go to [www.itabc.ca/youth](http://www.itabc.ca/youth) and scroll down to the trade you are applying for. Answer the following questions specific to that trade:

1. Describe what you do in this trade?

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2. What are two of the critical skills learned in this trade?

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3. List two things you will learn in this program?

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4. What are three types of workplaces for this trade?

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5. How much money could you earn in one year upon completion of the program?

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6. Which are the best places in BC to find work in this trade?

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**STUDENT EDUCATION/TRANSITION PLAN**

Develop your Education/Transition Plan. Include courses required for entry into the Dual Credit Program that you will participate in.

**Name:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Ensure you have included and considered your graduation requirements in your Education/Transition Plan.
2. You may need to modify your timeline to achieve your graduation requirements **and** participate in the program.
3. Complete the 3-Year Education/Transition Plan in full, beginning with your Grade 10 courses.
4. Timetable changes should be made with the approval of your school's Career Coordinator/Counsellor.
5. Include any Dual Credits in your predicted credit count.

<b>Required Courses (80 credits):</b>			
Students are required to complete a minimum of 80 credits (equivalent to 20 four-credit courses) in Grades 10-12 for graduation. Most students choose to complete more than 80 credits.			
Course	Credits	Course	Credits
English 10	4	English 11	4
Fine Arts or Applied Skills 10, 11, 12	4	Social Studies 11, Civics 11, First Nations 12	4
Science 10	4	Mathematics 11 or 12	4
Mathematics 10	4	Science 11 or 12	4
Physical Education 10	4	English 12 or English First Peoples	4
Planning 10	4	* Graduation Transitions	4
Social Studies 10	4		4
<b>Note:</b> Graduation – Minimum of four Grade 12 level courses + *Graduation Transitions 12			

<p><b>Elective Courses (28 credits):</b> Students can choose to complete elective requirements through CMSD82 Dual Credit Programs.</p> <p><b>Date &amp; Location of Transition Courses:</b> _____ _____ _____</p> <p><b>Transition Pathway:</b>  <input type="checkbox"/> Business   <input type="checkbox"/> Communications  <input type="checkbox"/> Health   <input type="checkbox"/> Science  <input type="checkbox"/> Technology   <input type="checkbox"/> Trades</p> <p><b>Specific Career:</b> _____</p>
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**CMSD 82**

**STUDENT EDUCATION/TRANSITION PLAN (cont'd)**

Year		Year		Year		Year	
Gr 10 Sem 1	Gr 10 Sem 2	Gr 11 Sem 1	Gr 11 Sem 2	Gr 12 Sem 1	Gr 12 Sem 2	Transition Program/Course(s) Sem 1	Sem 2
<b>Total Credits:</b>		<b>Total Credits:</b>		<b>Total Credits:</b>		<b>Total Credits:</b>	

Teacher/Counsellor (Print Name): \_\_\_\_\_

Parent/Guardian (Print Name): \_\_\_\_\_

Teacher/Counsellor Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

## FIELD TRIP DISCLAIMER & PERMISSION FORM

As part of the Dual Credit Program and learning experience, instructors may from time to time schedule off-site events, such as field trips to local businesses, schools etc. Transportation may include, but is not limited to, walking, private vehicles, and public transportation.

I hereby agree to participate in field trips as required.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

I hereby permit my son/daughter \_\_\_\_\_  
to participate in field trips as required.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)



# APPLICATION FOR YTT ADMISSION



1.877.277.2288

**nwcc.ca**

**Check [NWCC.ca](http://nwcc.ca) for current application Dual Credit Youth Train in Trades (YTT) and document requirements for the program of your choice.**

***YOUR APPLICATION WILL BE DELAYED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.***

NWCC Student Number (if known):

Have you previously registered in a course or program at NWCC?  Yes  No

Last name:		First name:		Middle name:	
Birthname or other surname(s) if different from above:			Email address:		
Permanent address (mail will be sent to this address):			Local address (while attending NWCC):		
City:	Province:	Postal code:	City:	Province:	Postal code:
Home telephone #:	Business telephone #:	Cell #:	Other telephone #:		
Social Insurance Number: <i>Optional - Required for taxes only</i>			Date of birth: YEAR MONTH DAY		<input type="checkbox"/> Female <input type="checkbox"/> Male
BC Personal Education # if known:		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other Please indicate: ..... Country of primary citizenship: ..... <i>Immigration papers must be attached if applicant is not a Canadian Citizen</i>			
ITA Trade Worker ID # (TWID) if known:		<i>Optional statistical information</i> Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select one or more: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit			
Program for which you are applying:		<b>Voluntary disclosure learning/physical disability/medical condition?</b> <input type="checkbox"/> Yes <i>NWCC will provide you with information about receiving supports/services</i>			
Preferred campus location:		<b>EMERGENCY CONTACT NAME:</b> ..... (.....)..... Relationship Telephone (include area or country code)			
<input type="checkbox"/> Full-time	Date you would like to start: YEAR MONTH				
<input type="checkbox"/> Part-time					

Where do you currently get your information about Northwest Community College? (Check top 3 sources.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> At your high school [s1]           | <input type="checkbox"/> Social media [s5]          | <input type="checkbox"/> NWCC Guide Book [s9]  |
| <input type="checkbox"/> Local media: newspaper, radio [s2] | <input type="checkbox"/> NWCC website [s6]          | <input type="checkbox"/> NWCC Online Calendar [s10]  |
| <input type="checkbox"/> From a friend [s3]                 | <input type="checkbox"/> Promotional Materials [s7] | <input type="checkbox"/> NWCC Student Services Team (Academic or First Nations Advisor, Disabilities Coordinator, Learning Assistant Specialist) [s11] |
| <input type="checkbox"/> From your parent/guardian [s4]     | <input type="checkbox"/> Employment Counsellor [s8] |  |

### EDUCATIONAL INFORMATION

**Secondary** Submit a sealed Official Transcript from your high school. Students who are currently attending high school must submit an Interim Transcript.

Current secondary school	School district	Province (or country)	Grade enrolled
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### School Coordinator Authorization

School	Named Coordinator	Signature of Coordinator	Date Signed
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Please note: Interim transcripts are to be submitted to Student Services during initial meeting. If there is a learning disability disclosed, please submit the learning aids required for successful learning. Examples: Reader / Scribe / Extra Time on test and exams.

**GENERAL INFORMATION**

Contact your local college campus for information about services for housing, child care or students with disabilities.

**DECLARATION**

1. The information in this application is, to the best of my knowledge, complete and correct.
2. I agree to follow the rules and regulations of the College as listed on the Northwest Community College website or as amended by the College Board.
3. I understand that personal information from this application will be used to verify my Personal Education Number (PEN) or one will be assigned to me for the purpose of research and evaluation. Any information released will be in a non-identifiable form.
4. I understand that both the information provided and any other information placed on my student record will be protected and used in compliance with *Bill 50 Freedom of Information and Protection of Privacy Act (1992)* and the operations of the College.
5. I agree to NWCC sharing information with the school and/or my parents/guardians for the duration of the program

Information collected and maintained as part of my student record is collected under the authority of the *Colleges and Institutions Act*.

Student Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I understand that only the tuition portion of this ACE IT program will be covered by the School District and that I am fully responsible for all additional costs ie. books, tools, personal protective equipment and housing if applicable. Permission is granted to photograph son/daughter for promotional activities such as brochures and newspaper articles.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Send to: **Admissions Office**  
**Northwest Community College**  
**5331 McConnell Avenue**  
**Terrace, BC V8G 4X2**

Hazelton	4815 Swannell Drive, P.O. Box 338, Hazelton, BC V0J 1Y0	Tel: 250.842.5291	Fax: 250.842.5813
Houston	3221 – 14th Street, West, P.O. Box 1277, Houston, BC V0J 1Z0	Tel: 250.845.7266	Fax: 250.845.5629
Skidegate	#2 Second Beach Road, P.O. Box 1523, Skidegate, BC V0T 1S1	Tel: 250.559.7885	Fax: 250.559.4782
Kitimat	606 Mountainview Square, Kitimat, BC V8C 2N2	Tel: 250.632.4766	Fax: 250.632.5069
Queen Charlotte	138 Bay Street, P.O. Box 67, Village of Queen Charlotte, BC V0T 1S0	Tel: 250.559.8222	Fax: 250.559.8219
Prince Rupert	353 Fifth Street, Prince Rupert, BC V8J 3L6	Tel: 250.624.6054	Fax: 250.624.3923
Masset	2151 Tahayghen Drive, P.O. Box 559, Masset, BC V0T 1M0	Tel: 250.626.3670	Fax: 250.626.3680
Smithers	3966 2nd Avenue, P.O. Box 3606, Smithers, BC V0J 2N0	Tel: 250.847.4461	Fax: 250.847.4568
Terrace	5331 McConnell Avenue, Terrace, BC V8G 4X2	Tel: 250.635.6511	Fax: 250.638.5432

**For Office Use Only**

Operator	Date

Check **NWCC.ca** for current application and document requirements for the program of your choice.  
**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.**



1.877.277.2288 **nwcc.ca**

# YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Return completed and signed registration form to the school district/board authority contact. Provide both the student and the sponsor (if it is Youth Work in Trades program) signed copies of the registration form and file the original in the student's permanent records for audit purposes.

Please indicate the purpose of your request:

\* **Bold Fields are Mandatory**

## A. Apprentice Information

Please indicate if this is a <input type="checkbox"/> <b>New Registration</b> <input type="checkbox"/> <b>Update of a previous Registration</b>		ITA Individual ID #:(leave blank for new registration)
* <b>Legal First Name:</b>	Legal Middle Name (s):	* <b>Legal Last Name:</b>
* <b>Date of Birth (MM/DD/YYYY):</b>	* <b>Gender:</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/> <b>Female</b>	PEN:
Suite Number:	* <b>Mailing Address:</b>	
* <b>City:</b>	* <b>Province:</b>	* <b>Postal Code:</b>
* <b>Phone Number:</b> (    )	Secondary Phone Number: (    )	* <b>Email Address:</b>
* <b>High School Graduation Date (MM/DD/YYYY):</b>	* <b>Name of School:</b>	* <b>Have you participated in a Yes 2 It activity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes are you: First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>

\*All communication from ITA will be sent to the e-mail address provided.

## B. Sponsor/Employer Information

* <b>Name of Sponsor Organization:</b>	ITA Sponsor ID # (if already registered):	* <b>Supervising Tradesperson Contact Name (First &amp; Last):</b>
* <b>Contact Person:</b>		* <b>Certificate # or Sign-Off Authority #:</b>
Suite Number:	* <b>Mailing Address:</b>	
* <b>City:</b>	* <b>Province:</b>	* <b>Postal Code:</b>
Phone Number and Extension: (    )		* <b>E-mail:</b>

## YOUTH WORK IN TRADES

* <b>Trade Name:</b>	School District/Independent School Authority:
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## C. Program Information

### YOUTH TRAIN IN TRADES (SCHOOL DISTRICT TO COMPLETE WHEN REQUIRED)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation <input type="checkbox"/> Level 2	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
* <b>Trade Name:</b>			

# YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

## APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

### C. Agreement to Fulfill Responsibilities of Apprentice

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
  - scheduling and registering myself into and successfully completing required Technical Training at an ITA-approved training institution of my own choice, OR
  - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

### D. Accuracy of Information Provided

I declare that:

all information I have provided or will provide to the Industry Training Authority (“ITA”) in the future is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to the ITA, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled and I may not be allowed to re-register,
- my trade certificate issued by the ITA may be cancelled, and/or
- I may be subject to criminal prosecution.

### E. Authorization to Collect Information Inside or Outside of Canada

I agree that the Industry Training Authority may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
  - my current and former employers
  - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to the ITA.

### F. Consent to Disclose Information

I agree to allow the ITA, in accordance with the *BC Freedom of Information and Protection of Privacy Act* to use and provide to others personal information I have provided on my apprentice registration form, as well as any other information necessary for administering the apprenticeship training program in which I am registered and to provide my personal information to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs.



## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

**I also agree to information from my apprenticeship record with the ITA being provided to others as follows:**

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which ITA believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers: Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

**G. Option to receive some course notifications (This Section must be Completed by Apprentice)**

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with ITA-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by ITA of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

**Select appropriate statement:**

- The ITA may provide** my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- The ITA may NOT provide** my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

**NOTE TO APPRENTICE:**

*If you have a question or concern about ITA's use of your personal information, contact an ITA Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011*

**H. Apprentice Signature**

**“By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form.”**

Apprentice's Signature:	Date (MM/DD/YYYY):
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# YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

## SPONSOR RESPONSIBILITIES AND DECLARATION

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

### I. Agreement to Fulfill Responsibilities of Sponsor

**I understand and agree that it is my responsibility to:**

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of an ITA-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
- Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

### J. Accuracy and Currency of Information Provided

**I declare that:**

- the apprentice's work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to the Industry Training Authority is true and complete.

**I agree to:**

immediately notify the ITA regarding any future changes to information I have provided.

**I acknowledge that:**

if I knowingly provide untrue information or false documents to the ITA regarding my apprentice, or fail to provide information or documents requested by them:

- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice's registration may be cancelled and the apprentice may be prevented from re-registering,
- a trade certificate issued by the ITA to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

### K. Sponsor Signature

**"By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form."**

Sponsor's Signature:	Date (MM/DD/YYYY):
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Parent/Guardian's Signature:	Date (MM/DD/YYYY):
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SD/Independent School Authority Contact's Signature:	Date (MM/DD/YYYY):
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