

This form is used to register apprentices and sponsors for any SkilledTradesBC Program except Youth Work In Trades.

1 APPRENTICE INFORMATION

SkilledTradesBC Individual ID # (leave blank for new registrations)	Program (Trade) Name	
<input type="text"/>	<input type="text"/>	

Legal First Name	Legal Middle Name (s)	Legal Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (MM/DD/YYYY)	Gender:
<input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer

Mailing Address

City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Secondary Phone Number	Email Address
() <input type="text"/>	() <input type="text"/>	<input type="text"/>

Do you self-identify as an Indigenous person?	If you were registered in another province in a Red Seal trade your results can be assessed for transfer. Please indicate the province to be contacted:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	Province:	ID #	

2 APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT

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 SkilledTradesBC-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.

Please Check **SkilledTradesBC may provide my contact information to SkilledTradesBC-approved training institutions so they may notify me of scheduled training courses. I understand notification may not be sent for all courses in my trade. You can withdraw your consent at any time by contacting SkilledTradesBC at 778-328-8700 or customerservice@skilledtradesbc.ca**

COLLECTION NOTICE

Your personal information is being collected under sections 26, 32 and 33 of B.C.'s *Freedom of Information and Protection of Privacy Act*, for the purposes of your participation in B.C.'s trades training and apprenticeship system, and where applicable the Interprovincial Red Seal program, including: planning, delivering, researching and evaluating apprenticeship programs; assisting in the promotion of apprenticeship and certification programs; identifying persons for the purpose of financial awards; and, identifying persons for targeted correspondence (e.g., surveys, statistics, consultations) related to their trade(s) or their involvement in apprenticeship training. In addition, your personal information may be shared for the purposes as noted above with other Canadian jurisdictional apprenticeship bodies, your sponsor(s), educational institutions, training providers, regulatory authorities, and municipal, provincial and federal governments where the information is required for them to fulfill their legal responsibilities or manage apprenticeship-related programs. If you have any questions about the management of your personal information, please contact SkilledTradesBC's Manager, Privacy and Information Management by email at privacy@skilledtradesbc.ca or by phone at 778-328-8700 or 1-866-660-6011.

By signing this form, you represent and warrant that all information you provide to SkilledTradesBC is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.

Apprentice Signature

Date: (MM/DD/YYYY)

3 SPONSOR INFORMATION

Name of Organization		Organization ID # (leave blank for new registration)	
<input type="text"/>		<input type="text"/>	
Mailing Address			
<input type="text"/>			
City	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Phone Number and Extension	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of Authorized Staff (First & Last Name)	Date of Birth (MM/DD/YYYY)	SkilledTradesBC Individual ID # (if already registered)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4 SPONSOR RESPONSIBILITIES AND DECLARATION

I understand and agree that it is my responsibility to:

1. 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 SkilledTradesBC-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;
2. Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
3. Submit all forms and documents required by SkilledTradesBC to verify completion of the established standards for the Industry Training Program; and
4. 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.

 **Work-Based Training hours should be reported to SkilledTradesBC on a quarterly basis.**

By signing this form, you represent and warrant that all information you provide to SkilledTradesBC is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.

Sponsor Signature

Date: (MM/DD/YYYY)