

# 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.

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**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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# WORK-BASED TRAINING HOURS REPORT

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-660-6011  
customerservice@itabc.ca

## SPONSOR REPORT FOR WORK-BASED TRAINING HOURS

This form is used by employers / sponsors to report work-based training hours for an apprentice in any program. Missing information may delay the reporting process.

### A. Apprentice Information

Please print clearly and return form to the address noted above

ITA Individual ID #:	Program (Trade) Name:	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	Email Address:	

### B. Work-Based Training Hours Reporting Period

Ensure exact start and end dates are reported	Total number of work-based training hours reported during this period.
Start Date: _____ (MM/DD/YYYY)	_____  Do not overlap any hours on this report with hours sent in previously. Note: We are unable to accept future dates for hours apprentices have not yet worked.
End Date: _____ (MM/DD/YYYY)	

### C. Employer / Sponsor Approval

Were these hours worked for a previous/alternate employer? <input type="checkbox"/> Yes (Employer Name Required) <input type="checkbox"/> No	Previous/Alternate Employer Name:
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Sponsor Organization Name:	Name of Authorized Sponsor Representative:
Sponsor Organization ID#:	Signature of Authorized Sponsor Representative:

*"I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent."*

**The signature of the apprentice's registered sponsor or an authorized representative is required. Without it, the work-based training hours claimed in this report will not be added to the apprentice's record.**