



Apprenticeship Application Form

This form contains three parts: the **Apprenticeship Application**, the **Employer Application** and the **Apprenticeship Training Agreement**. Each of these must be filled out completely in order for the apprenticeship application to be processed. Please be accurate with dates, phone numbers, addresses etc. and please print clearly. Incomplete forms or forms that cannot be read will be returned to the applicant.

The **Apprenticeship Application** must be completed by the applicant (apprentice). To receive credit for high school trade courses, the applicant must submit a copy of their high school transcript with the application form. To receive credit for post secondary courses, the applicant must submit a copy of their graduation certificate with the application form.

The **Employer Application** must be completed by the employer.

The **Apprenticeship Training Agreement** must be signed by the applicant and the employer or employer's representative. These signatures must be witnessed. If the applicant is under 18 years of age, a parent/guardian must also sign the application.

Send completed applications to:

PEI Apprenticeship Section
PO Box 2000
Suite 212, Atlantic Technology Centre
Charlottetown, PEI C1A 7N8

Email: jdburke@gov.pe.ca

Please retain these instructions for your records.

For more information, contact the PEI Apprenticeship Section at 368-4460.

Apprenticeship Application



1. Trade _____

2. Application Type (check one)

- Apprenticeship Program Accelerated Secondary Apprenticeship Program (ASAP) (high school students)

3. Personal information:

_____ Man _____ Woman _____ Gender Not Listed _____ Do not wish to disclose

Legal First Name Middle Name Last Name Date of Birth (DD/MM/YY)

Mailing Address (please include Apartment or PO Box) City Province Postal Code

Primary phone # Cell # E-mail address

Alternate contact person:

Applicants under 18 years of age **must** include the name of a parent or guardian. Optional for applicants over 18.

Name Relationship to apprentice Phone# Cell #

4. Education information: (Please attach a photocopy of your certificate or transcript for proof of completion.)

High School Name _____ Grade completed _____

Date expected to graduate (for ASAP/high school students) _____

High School Equivalency (GED) obtained? Yes No

Did you attend a pre-employment program (college) or block release training program?

Yes No Trade _____

Dates attended _____ to _____ Training Institution _____

Note: To receive credit for previous in-school training, you must supply proof of completion.

5. Previous trade employment:

Business Name City/Province Start Date End Date Trade # of Hours

Note: To receive credit for these hours, you must supply a copy of your Record of Employment or a letter from your employer.

Apprenticeship Application



6. Voluntary Identification – Demographics

Your **voluntary** answers to the below will assist in identifying apprentices within equity-deserving groups for statistical purposes. See below for federal definitions.

Identifying yourself as belonging to an under-represented group may qualify your employer for funding under the Canadian Apprenticeship Service Program (CASP).

- | | | | | |
|----|---|-----------|----------|-------------------------------|
| 1. | Do you identify as a woman? | _____ Yes | _____ No | _____ Do not wish to disclose |
| 2. | Are you an Indigenous person? | _____ Yes | _____ No | _____ Do not wish to disclose |
| 3. | Do you identify, by virtue of race or color to be a visible minority in Canada? | _____ Yes | _____ No | _____ Do not wish to disclose |
| 4. | Do you have a disability? | _____ Yes | _____ No | _____ Do not wish to disclose |
| 5. | Are you a newcomer to Canada? | _____ Yes | _____ No | _____ Do not wish to disclose |
| 6. | Do you identify as LGBTQ2+? | _____ Yes | _____ No | _____ Do not wish to disclose |

1. Women

Women are participants who self-identify their gender as woman. Gender refers to an individual's personal and social identity as a man, woman or non-binary person (a person who is not exclusively a man or a woman).

2. Indigenous: Indigenous individuals are participants who self-identify as having Indigenous identity. This includes those who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band.

3. Visible minorities

Persons who self-identify as being a visible minority. The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour".

4. Persons with disabilities

Persons with disabilities are participants who self-identify as having have a disability in one of the following categories: Seeing, Hearing, Mobility, Flexibility, Dexterity, Pain-related, Learning, Developmental, Mental health-related, and Memory. The disability must result in a limitation in daily activities. The presence of a difficulty alone is not sufficient – individuals whose disability rarely presents them with some level of difficulty in their daily activities are excluded.

5. Newcomers

Newcomers are participants who self-identify as having arrived in Canada within the last ten years and are legally entitled to work in Canada, including permanent residents, Canadian citizens or persons granted refugee status in Canada.

6. LGBTQ2S+

Persons who self-identify as a member of the LGBTQ2S+ community. The acronym LGBTQ2S+ includes lesbian, gay, bisexual, or another minority sexual identity such as asexual or pansexual, as well as minority gender identity (trans and non-binary identities like genderqueer, gender fluid, pangender or agender).

Apprenticeship Application

Consent to Share Personal Information



Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c, F-15.01 as it relates directly to and is necessary for determining your eligibility for the PEI Apprenticeship Program. If you have any questions about this collection of personal information you may contact the Manager of Apprenticeship, PO Box 2000, Charlottetown PE C1A 7N8, (902) 368-4460.

I understand that to administer, monitor and evaluate my apprenticeship training, the PEI Apprenticeship Section may need to collect or provide personal information about me to:

- My current and former employers
- Accredited training providers that provide technical training to me
- Government officials responsible for apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the PEI Apprenticeship program
- Other provincial government education branches, schools, school divisions to verify education credentials
- Employment and Social Development Canada (ESDC) to assist in obtaining financial support
- Other provincial government officials to administer and enforce workplace legislation
- Canadian Council of Directors of Apprenticeship (CCDA) and Employment and Social Development Canada (ESDC) 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 Management System (ICEMS) database
- Alternate contact

Apprentice Signature

- I understand the "Consent to Share Personal Information" and I hereby make application for apprenticeship, and I declare that:
- The information I have provided is true and complete in all respects and that I have not withheld any relevant information. (Note: It is an offence under the *Apprenticeship and Trades Qualification Act* to provide false information.)
- I will notify the PEI Apprenticeship Section office of any subsequent changes in the information contained on this application.
- I will notify the PEI Apprenticeship Section of any change of employer during my apprenticeship.

Signature of Applicant

Date

Employer Application



1. Name of Prospective Apprentice _____

2. Trade _____

3. Date Employment Started _____

4. Business Information

Business Operating Name _____

Mailing Address (Please include PO Box) _____ City/Town _____ Province _____ Postal Code _____

Primary Phone # _____

Secondary Phone # _____

Fax# _____

E-Mail Address _____

Do you have a journeyperson(s) on staff who holds a Certificate of Qualification (Red Seal)?

Yes No Name (if applicable): _____

If no:

Do you have a tradesperson who has a minimum of 7 years experience in the trade?

Yes No Name (if applicable): _____

5. Signing Authority for Employer

I have the authority as, or on behalf of, the employer to complete this Apprenticeship Application form.

Name

Position with Employer

Signature

Date

