

# APPRENTICE AND SPONSOR REGISTRATION

THE RIGHT SKILLS ► A PROVEN ADVANTAGE

FAX: 604-882-9684

Please print clearly and return to the address noted above,

### A. Apprentice to Complete

|  |                                    |  |        |
|--|------------------------------------|--|--------|
| Please indicate if this is a:<br><input type="checkbox"/> New Registration <input type="checkbox"/> Update/Change to a Previous Registration |                                    | Registration Number (TWID)<br>(if updating a previous registration):     |        |
| Legal Last Name:   |                                    | Legal First Name:  |        |
| Date of Birth (YYYY/MM/DD):  |                                    | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |        |
| Suite Number:  | Mailing Address:                   |  |        |
| City:  | Province:<br>B.C.                  | Postal Code:   | Email: |
| Daytime Telephone Number:<br>(      )  | Home Telephone Number:<br>(      ) | Fax Number:<br>(      )  |        |

### B. Sponsor to Complete

Transfer to a new Sponsor?  Yes  No

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| Sponsor Registration Number (if already registered):<br><b>49907</b> |  | Legal Name of Sponsor:<br><b>RCABC Educational Foundation</b>      |                                      |
| Suite Number:  | Mailing Address:<br><b>9734 - 201st Street</b> |  |                                      |
| City:<br><b>Langley</b>  | Province:<br>B.C.                              | Postal Code:<br><b>V1M 3E8</b>                                     | Email:<br><b>registrar@rcabc.org</b> |
| Telephone Number and Extension:<br>( <b>604</b> ) <b>882-9734</b>    | Fax Number:<br>( <b>604</b> ) <b>882-9684</b>  | Training Coordinator / Contact Person:<br><b>Michelle McKinnon</b> |                                      |

**Responsibilities of Sponsor:**

The *Sponsor* hereby acknowledges the responsibility to:

- Ensure the *Apprentice* receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or equivalent), 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; the *Apprentice* has met the established standards for that program and is performing at the level of a Certified Tradesperson in the trade.

**Responsibilities of Apprentice:**

The *Apprentice* hereby acknowledges the responsibility to:

- Complete the required work-based training and practical experience as assigned by the *Sponsor*;
- Complete the required *Technical Training*;
- Meet any additional requirements of the *Industry Training Program* as outlined in the *Industry Training Program Profile*.

### C. Apprentice and Sponsor to Complete

Change of Program?  Yes  No

|   |   |
|---|---|
| Name of industry Training Program:  | Apprenticeship Start Date ( <b>NOTE: if a date is not provided, the "received" date of this form will be used</b> ): (YYYY/MM/DD) |
| If applying for work-based training hours please complete and attach Work-Based Training Hours Report (CS005) |   |

**Certification and authorization for collection and use of personal information:**

I certify that the information I (as apprentice or sponsor) have provided is accurate. I authorize the Industry Training Authority to use the personal information on this form as well as any further information provided by me during the application process, apprenticeship training and evaluation for the administration of the apprenticeship training program, program delivery, evaluation, and certification purposes. I authorize the Industry Training Authority to disclose my personal information to other agencies and ministries of the provincial government, my present and future sponsors, educational institutions, private trainers, agencies and ministries of the federal government, and apprenticeship officials in other provinces and territories for the above purposes. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. If you have any question about your personal information, you may contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.

|                         |                    |
|-------------------------|--------------------|
| Apprentice's Signature: | Date: (YYYY/MM/DD) |
| Sponsor's Signature:    | Date: (YYYY/MM/DD) |