

WORK-BASED TRAINING REPORT

Please complete sections A and B, ensuring all necessary signatures have been obtained, and return form to the address noted above.

A. Apprentice's Information

Registration Number	Apprenticeship ID:	Industry Training Program (Trade):
Legal Last Name:	Legal First Name:	Legal Middle Name:

B. Work-Based Training Report

Reporting Period for this Training Progress Report:		Number of hours of work-based training reported during this period:
Start Date:	End Date:	

The sponsor/employer must sign below to verify that work-based training completed by the above named apprentice is being done under the supervision/direction of a certified tradesperson or equivalent.

Name of Reporting Sponsor/Employer:	Sponsor/Employer Registration Number:	Signature of Sponsor/Employer:
Name of Current Sponsor (if different):	Current Sponsor Registration Number (if different):	Signature of Current Sponsor (if different):
RCABC Educational	49907	

Your current sponsor must always sign this form. If the hours are being reported by another employer, the reporting employer must also sign.