

## **Industry Working Group Application**

1-877-978-7233

www.manitoba.ca/tradecareers

The purpose of an Industry Working Group (IWG) is to foster stakeholder engagement and to ensure standards are reflective of current industry practices and needs. Industry Working Groups are convened as needed and advise Sector Committees on updates related to program standards, curriculum, exams and any other content related to the trades or occupations.

Members are considered subject matter experts in their trade or occupation and are relied upon to provide advice and recommendations to the Sector Committees to modernize the apprenticeship programs based on their knowledge of current trends in industries and after consulting industry.

Instructors and teachers who are involved in the delivery of technical training and accredited programs <u>are not</u> eligible to become IWG members.

All fields are required unless otherwise indicated.

| Applicant's Personal Information |  |   |                                     |  |  |
|----------------------------------|--|---|-------------------------------------|--|--|
|                                  | First Name   | Last Name                               | Home Telephone                      |  |  |
|                                  | Home Address   | City/Town                               | Postal Code                         |  |  |
|                                  | Business Telephone   | Cell Phone                              | Email Address                       |  |  |
| Do y                             | ou prefer that information be sent to you a  | at: Home Work E-mail                    |                                     |  |  |
| Wha                              | t is the name of the trade/occupation you  | are applying to represent?              |                                     |  |  |
| Are t                            | here any other trades you are certified in   | that you would like to apply to repres  | ent?                                |  |  |
| I am                             | fluently bilingual (English and French) and  | d am available to participate in Englis | h-French/French-English translation |  |  |
|                                  | workshops. Yes No  |   |                                     |  |  |
| Mee                              | eting Commitments (please check to   | confirm)                                |                                     |  |  |
|                                  | I understand that meetings will take place during work hours and my employer has agreed to allow me to attend meetings.  |   |                                     |  |  |
|                                  | I am willing to participate in out-of-province workshops if required. Applicable expenses will be reimbursed.  |   |                                     |  |  |
|                                  | I understand that only mileage claims 50-km and over from my home address to the place of meeting (one-way) are eligible to be reimbursed. The mileage claim is based on the home address on file. |   |                                     |  |  |

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| Business I            | Name  |                      | Applicant Position Title  |   |   |  |  |
|-----------------------|---|----------------------|---------------------------|---|---|--|--|
|                       |   |                      | Applicant i Conditi i Nic |   |   |  |  |
| Business Mai          | ling Address  | City/Town            |                           |   | Postal Code   |  |  |
| Years of Emp          | loyment   |                      |                           |   |   |  |  |
| ls this employ        | ver: Union N  | on-Union             |                           |   |   |  |  |
| Total number          | of people employed a                                  | t the business:      |                           |   |   |  |  |
| Number of ce          | rtified journeypersons                                | employed in the co   | ompany:                   |   |   |  |  |
| Does this cor         | mpany participate as a                                | ın employer in an e  | established ap            | prenticeship prog                         | gram?   |  |  |
| ☐Yes ☐ I              | No  |                      |                           |   |   |  |  |
| Number of ap          | prentices employed in                                 | the company:         |                           |   |   |  |  |
| Number of the         | ese people employed i                                 | n the trade you are  | e applying to re          | epresent:                                 |   |  |  |
| Certificatio          | on Information  |                      |                           |   |   |  |  |
|                       | de copies of any certifi<br>If you are certified in ı |                      |                           |   | dustry Working Group for which you  |  |  |
| Type of<br>Credential | Trade Name on<br>Credential                           | Credential<br>Number | Issue Date                | Issuing<br>Province/<br>Territory/Country | How was the credential obtained?<br>Ex: apprenticeship, trades qualification<br>or grandparenting |  |  |
|                       |   |                      |                           |   |   |  |  |
|                       |   |                      |                           |   |   |  |  |
|                       |   |                      |                           |   |   |  |  |
|                       |   |                      |                           |   |   |  |  |
|                       |   |                      |                           |   |   |  |  |
| Describe your         | knowledge of the trac                                 | le including areas   | of specialization         | on; mentoring or                          | teaching experience; experience wi  |  |  |
| •                     | knowledge of the trac<br>gies; knowledge of the       | •                    | •                         | -   | teaching experience; experience wi  |  |  |

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email: apprenticeshipboard@gov.mb.ca

## Complete either Section 1 or Section 2 below:

You <u>must</u> complete either Section 1 or 2 in full below. Applicants who are being nominated by their association must complete Section 1. Applicants who are submitting an application on behalf of themselves must complete Section 2 with the required signatures.

| Section 1 - Nomination                                      | on by an Association or Organiza   | ation   |                             |
|---|--|---|-----------------------------|
| Name of Association/Organization                            | n A  | ddress of Association/Organiz                   | zation                      |
| Nominator's name (print)                                    |  | ominator's signature                            |                             |
| Nominator's position in the Assoc                           | iation/Organization N  | ominator's telephone number                     |                             |
| Nominator's email address                                   |  |   |                             |
| Endorsement Letter from                                     | om the nominating Association or Organiz  Once complete, contin  |   |                             |
|   | Once complete, continu   | ie to page 4.                                   |                             |
|   | OR   |   |                             |
| stakeholders who endorse yo<br>and if circumstances warrant | le a completed "Endorsement of Candidour appointment to the Industry Working, the Sector Committee may decide to accepte (only required with "Individual" applicate. | Group. In consultation rept fewer than two sign | with the Executive Director |
| ,Nominator Name   | endorse the candidate for the trade  | ofTrade Name                                    | industry Working Group.     |
| Signature   | Business Name  | Telephor  | ne Number                   |
| ,Nominator Name   | endorse the candidate for the trade  | ofTrade Name                                    | industry Working Group.     |
| Signature   | Business Name Once complete, continue  | ·   | ne Number                   |

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## Representation

| Application to represent Employers or Employees: (check <u>one</u> only)  | oloyer Employee  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Please note:  |  |  |  |  |  |  |
| "Employer" means a person, partnership, organization or unincorporated association, or a municipinto an apprenticeship agreement with an apprentice in accordance with the Act.   | al, provincial or other public authority, that has entered |  |  |  |  |  |
| "Employee" means a person who holds a trade or occupational certificate and is hired to work for an employer in a trade or occupation and receives compensation for their work in the form of a wage, salary, commission, stipend, or a combination of these types of payment.  |  |  |  |  |  |  |
| Declaration   |  |  |  |  |  |  |
| I declare that to the best of my knowledge the information provided in this application is true and complete in all respects and that I have not withheld any relevant information. I authorize Apprenticeship Manitoba of the Province of Manitoba, to contact individuals and organizations to verify information on this application and any accompanying documents. |  |  |  |  |  |  |
| My employer/company understands the requirements of Industry Working G consents to my application for this position.  | Group members to meet as necessary and                     |  |  |  |  |  |
| Signature of Applicant  | Date   |  |  |  |  |  |
| Return your completed application with supporting documentation by mail or in   | person to:   |  |  |  |  |  |

**Apprenticeship and Certification Board** c/o Manager, Policy, Legislation and Board Operations

100 - 111 Lombard Avenue Winnipeg, MB, R3B 0T4

Email: apprenticeshipboard@gov.mb.ca

Please note: Incomplete applications will be returned to the applicant

This information is collected under The Apprenticeship and Certification Act and its regulations and may be used to verify information submitted by potential members of Industry Working Groups. This information is protected by the provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection of information, contact Apprenticeship Manitoba at (204) 945-3337.

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