

(Office use only - DT #: \_\_\_\_\_)

<b>A. Application checklist</b>	Complete applications include the following:
<p><b>The Apprenticeship and Certification - General Regulation provides for the use of a Designated Trainer, with the exceptions of compulsory trades. A Designated Trainer is an experienced tradesperson without journey person certification who is allowed to supervise the work of and train an apprentice.</b></p> <ul style="list-style-type: none"> <li>To apply as a designated trainer, you must have experience in 70% of the scope of the trade and you must have worked 1.5 times the term of apprenticeship within the past 10 years.</li> </ul> <p><b>To apply to be a Designated Trainer, complete and submit this application along with a Work Experience Form (WEF) for each applicable trade. A WEF can be downloaded from our website at:</b></p> <p><a href="https://www.gov.mb.ca/aesi/apprenticeship/pdfpubs/pubs/general/designated_trainer.pdf">https://www.gov.mb.ca/aesi/apprenticeship/pdfpubs/pubs/general/designated_trainer.pdf</a></p> <p>Submit a completed application package(s) to Apprenticeship Manitoba by:</p> <p><b>Mail: 100 - 111 Lombard Avenue, Winnipeg MB R3B 0T4</b>  <b>Fax: 204-948-2346</b>  <b>Email: <a href="mailto:apprenticeship@gov.mb.ca">apprenticeship@gov.mb.ca</a></b></p> <p style="text-align: center;"><b>INCOMPLETE APPLICATIONS WILL BE RETURNED.</b></p>	

<b>B. Personal Information</b>		
_____	_____	_____
Legal First Name	Middle Initial	Legal Last Name
_____	_____	_____
Address	City/Town	Postal Code
_____	_____	_____
Home or Cell	Business Phone	Fax #
_____	_____	_____
E-mail address	Birth Date (year/month/day)	
<p>Would you consider applying to become certified by taking a Trades Qualifications (TQ) examination? <input type="checkbox"/> Yes <input type="checkbox"/> No          (If yes is checked, we will send TQ information to you for review and consideration, you are not obligated to apply).</p> <p>Approval of a Designated Trainer application cannot apply towards TQ. TQ applications are evaluated separately and require further information and detailed criteria.</p>		

<b>Prospective Apprentice Information</b> (please print):	What type of apprentice: HSAP <input type="checkbox"/> Post Secondary <input type="checkbox"/>	
Legal First Name:	Middle Initial:	Legal Last Name:
<b>Business Name:</b>		

C. Name of Employer(s) (add a separate sheet if you have more employers)	Date(s) of Employment		Worked		Hours Worked
			years	months	
	Start:	Finish:			
	Start:	Finish:			
	Start:	Finish:			
<b>Totals (Yrs/Mths/Hrs):</b>					

**D. Consent to Obtain and Disclose Personal Information**

I understand that to administer, monitor and evaluate my application for Designated Trainer, Apprenticeship Manitoba may need to obtain personal information about me from, and provide personal information about me to; my current employer, former employers, a trade union and other recognized groups, organizations or associations to verify hours and dates worked by me in the trade; the Inspection and Technical Services Branch, training providers and other organizations to arrange for delivery of any required examination and learning support services; other government officials to verify certification obtained in other Canadian provinces and territories Canadian Council of Directors of Apprenticeship and Human Resources and Skills Development officials to administer Interprovincial (Red Seal) trade certification programs and/or to confirm my status as a Red Seal program client listed in the Interprovincial Computerized Examination System database (ICEMS). I authorize Apprenticeship Manitoba and these other persons and entities to share personal information about me as may be necessary for these purposes.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**E. Application Declaration**

I, \_\_\_\_\_ do solemnly declare that all of the information provided in support of my application is true and accurate. If any of the above information changes, I will immediately notify Apprenticeship Manitoba in writing. Based upon the legal authority granted under the *Apprenticeship and Certification Act*, if the Executive Director of Apprenticeship Manitoba is of the opinion that the Designated Trainer provided false or misleading information, he/she may cancel or suspend the Designated Trainer status. I understand that a person who knowingly contravenes a provision of the above Act is guilty of an offence and upon summary conviction is liable to pay a fine of not more than \$10,000. I understand that, under the authority of Statistics Act (Canada), Apprenticeship Manitoba shares identifying personal information with Statistics Canada to conduct statistical surveys with individuals, Reports and information produced by Statistics Canada from these surveys do not identify any individual or individuals. I understand that Apprenticeship Manitoba may share non-identifying bulk information with Statistics Canada and other Canadian Provinces and Territories to maintain national statistics and records. Personal information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba. Any other use and disclosure of personal information by Apprenticeship Manitoba must be authorized by the applicant or authorized under this Act. Please direct any questions or concerns to Apprenticeship Manitoba at (204) 945-3337 or 1-877-978-7233 toll-free in Manitoba.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

	Yes	No	Date	Signature	WEF % and Comments
ATC Approval Recommendation					
Executive Director Approval					

**Submit form to the following office:**

**Winnipeg**  
100-111 Lombard  
Avenue R3B 0T4  
PH: 204-945-3337  
FAX: 204-948-2346