

NAME:

TRADE:

**Office Use Only:**

APPRENTICESHIP REGISTRATION# 100 - \_\_\_\_\_

CRM#: \_\_\_\_\_

**Application Type: (Please select the appropriate box)**

- New Application     Change of Trade     Change of Employer     High School Apprenticeship Program (HSAP)
- John Deere Technician Program
- ASSET (FORD - Automotive Student Service Educational Training)
- ASEP (GENERAL MOTORS -Automotive Service Educational Program)

**Application Checklist:**

- Page 1: Complete name in full including proper trade name.  
(Please refer to <http://manitoba.ca/tradecareers> for the correct trade name)
- Page 2: The Apprentice must complete the application in full.
- Page 3: The Employer must complete the application in full. If **new** Designated Trainer, submit application and Work Experience Form (WEF).
- Page 3: Both Apprentice and Employer must review the Privacy Notice.
- Page 4: Apprentice and Employer signatures and date.

**REMINDER**

The Apprenticeship Application and Agreement is registered once approved by the Executive Director or Delegated Authority.  
All fields marked with an (\*) are mandatory.  
Incomplete applications will not be considered and will be returned.

**Submit the completed application to:**  
[APPRENTICESHIP@GOV.MB.CA](mailto:APPRENTICESHIP@GOV.MB.CA)

[Apprenticeship Manitoba \\* 100-111 Lombard Avenue, Winnipeg MB R3B 0T4](#)  
Ph: 204-945-3337 OR Toll Free: 1-877-978-7233

## PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

Mr.  Ms.  Mrs.

Preferred Language:  English  French

\*Legal First Name \_\_\_\_\_ \*Middle Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Date of Birth (dd/mm/yyyy) \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*City/Town \_\_\_\_\_ \*Province \_\_\_\_\_ \*Postal Code \_\_\_\_\_

\*Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_ \*Email Address \_\_\_\_\_

## SELF DECLARATION

Are you eligible to work in Canada?  Yes  No Are you a Manitoba Resident?  Yes  No

### OPTIONAL

Gender:  Male  Female Visible Minority:  Yes  No  
 Indigenous Ancestry:  First Nations  Non-Status  Métis  Inuit  
 Do you have a disability?  Yes  No (if **yes**, submit a Self-Identification for Clients Requiring Accommodations Form)

## ALTERNATE CONTACT PERSON (applicants under 18 years of age - required; other applicants - optional)

Contact Parent or Guardian \_\_\_\_\_ Relationship to Apprentice \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## EDUCATIONAL BACKGROUND

**NOTE: New apprentices MUST include an education transcript. If this is not included you MUST attend a scheduled assessment.**  
**NOTE: Beauty Trades MUST provide a Verification of Enrollment or Verification of Completion.**  
**NOTE: HSAP apprentices do not require a transcript**

Unable to Obtain Transcript (MUST check off assessment box)  Assessment Required (Access Program Trainee)

Level of Education:  High School  College  University Last Grade Completed: \_\_\_\_\_

Have you attended an accredited trade program (pre-employment)?  Yes  No

If yes, in what trade \_\_\_\_\_ dates attended \_\_\_\_\_ to \_\_\_\_\_ training institution \_\_\_\_\_

Have you attended an apprenticeship program that you did not complete in another jurisdiction?  Yes  No

Last level

If yes, where \_\_\_\_\_ in what trade \_\_\_\_\_ completed \_\_\_\_\_ dates attended \_\_\_\_\_ to \_\_\_\_\_

Do you hold a Certificate of Qualification in a Trade(s)?  Yes (if yes, give details below)

Trade Name \_\_\_\_\_ Certificate # \_\_\_\_\_ Certificate Date \_\_\_\_\_ Issuing Province/Territory \_\_\_\_\_

## HIGH SCHOOL APPRENTICESHIP PROGRAM (HSAP) ONLY

MET# \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

School Name \_\_\_\_\_ School Division \_\_\_\_\_ School Contact \_\_\_\_\_ Email Address \_\_\_\_\_

## BUSINESS INFORMATION

*Business Name _____		*Legal Entity Name _____	*Employer Contact Name _____	
*Mailing Address _____		*City/Town _____	*Province _____	*Postal Code _____
*Primary Phone # _____		*Email Address _____		

I hereby authorize my Supervising Employee Representative \_\_\_\_\_ in the Supervision Role of \_\_\_\_\_  
to be the signing authority for this Apprenticeship Application on behalf of my business \_\_\_\_\_

## TIME CREDIT INFORMATION AND WAGES (Time Credit is at the discretion of the signing employer for non-compulsory trades)

*Apprentice start date in this trade at this business _____	*Apprentice wage rate _____
Time credit for trade related work experience _____	*Journeyman wage rate _____

**Apprentice wage information is located at [manitoba.ca/tradecareers](http://manitoba.ca/tradecareers) within each of the Trade Regulations.**

## \*JOURNEYPERSON OR DESIGNATED TRAINER INFORMATION

The following information **must** be included. List the trade certified journeyman or designated trainer employed at this business who is responsible for supervising this apprentice or provide a journeyman list. For designated trainer information, please visit the Apprenticeship Manitoba website for the application and work experience form (WEF).

_____ Name of Journeyman	_____ Trade	_____ Cert. of Qualification#	_____ Issuing Province/Territory	_____ Date issued (dd/mm/yyyy)
_____ # of Journeymen	_____ # of Currently Registered Apprentices		_____ Journeyman Address	
_____ Manitoba Electrical License # (electrical trades only)	_____ Expiry Date (dd/mm/yyyy)	_____ Authorization to Practice # (beauty trades only)		

## \*OR

_____ Name of Designated Trainer	_____ Trade	_____ Date Issued (dd/mm/yyyy)	_____ # of Journeymen
_____ # of Currently registered Apprentices	_____ Designated Trainer Address		

## Privacy Notice

The personal information on the Apprentice and Employer Applications is collected for the purpose of registering the Apprenticeship Agreement between the apprentice and the employer. The collection of the information is authorized by The Freedom of Information and Protection of Privacy Act (FIPPA) as it is related directly to and necessary for the Apprenticeship program. The personal information and any personal health information collected is protected by FIPPA and The Personal Health Information Act (PHIA) respectively and can only be used or disclosed for other purposes if you consent or if authorized by those statutes. If you have any questions about the collection of this information please contact Apprenticeship Manitoba at **204-945-3337 or Toll Free in Manitoba at 1-877-978-7233**. Apprenticeship Manitoba will collect and use the personal information on these applications for the following:

- To administer and monitor the apprentice's apprenticeship training and ensure compliance with The Apprenticeship and Certification Act and the regulations under the Act.
- To verify information submitted on an application so that an Apprenticeship Agreement can be registered.
- To administer your participation in the Apprenticeship program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA).
- To plan, research and evaluate programming.
- To assist in the promotion of Manitoba's apprenticeship and certification program.
- To identify persons for the purpose of an honour or award.
- To identify persons for targeted correspondence by mail, email or fax that relates to their trade(s) and/or their involvement in apprenticeship training (ex: surveys, statistics, and consultations).

## THE APPRENTICE AGREES TO:

- Pay tuition.
- Use financial assistance received from government sources to pay only for education and living costs directly related to apprenticeship training and return any amount not used for these purposes.
- Complete hours of practical training, technical training and examinations according to The Apprenticeship and Certification Act.
- Abide by the Apprenticeship Code of Conduct found in the Apprenticeship Technical Training Registration Guide.
- Notify the Executive Director, in writing, within 15 days if there are name or address changes or you are no longer an employee.

## THE EMPLOYER/RECOGNIZED ASSOCIATION AGREES TO:

- Assign a certified journeyman or designated trainer to give the apprentice as much practical training as available.
- Supervise the apprentice and ensure that the apprentice's daily work does not begin earlier or end later than the working hours of a supervising journeyman or designate trainer.
- Permit the apprentice to attend required technical training and examinations according to The Apprenticeship and Certification Act.
- Pay the apprentice the wages outlined in the trade regulation; the recognized association in a Pool Agreement with Apprenticeship Manitoba is not responsible to pay the apprentice's wages/benefits.
- Complete required information in the Report of Hours.
- Notify the Executive Director, in writing, within 15 days if the apprentice is no longer an employee.

## THE APPRENTICE AND EMPLOYER/RECOGNIZED ASSOCIATION AGREE TO:

- Abide by the provisions of The Apprenticeship and Certification Act and its regulations.
- Ensure that the hours of practical training and technical training required by the specific trade regulation are completed.
- Discuss the apprentice's development and progress and complete required information in the Report of Hours.
- Notify each other and the Executive Director, in writing, within 15 days if either person chooses to cancel this Agreement.

## CONSENT TO DISCLOSE INFORMATION (Business): I have read the PRIVACY NOTICE and I understand that Apprenticeship Manitoba uses information to:

- Promote Manitoba's apprenticeship and certification program;
- Identify businesses or employers for the purpose of an honour or award; and
- Identify businesses or employers for targeted correspondence by mail, email or fax that relates to their trade(s) and/or their involvement in apprenticeship training
- (ex: regarding surveys, statistics, consultations); and periodically obtain full disclosure of all journeymen in your employ in order to verify their identities against other applications/agreements submitted to Apprenticeship Manitoba by your organization.

## CONSENT TO DISCLOSE INFORMATION (Personal): I have read the PRIVACY NOTICE and I understand that to administer, monitor and evaluate my apprenticeship training, Apprenticeship Manitoba may need to obtain and provide personal information about me to:

- My sponsoring employer.
- Other provincial government education branches, schools, school divisions, adult learning centres, and Employment and Social Development Canada (ESDC) to assist in obtaining financial support and to verify educational credentials.
- Manitoba Family Services and Labour to administer and enforce workplace legislation.
- Manitoba Finance to administer tax credits and other financial incentives.
- Accredited training providers that provide technical training to me.
- Transport Canada for program audit and/or licensing purposes (trades of Aircraft Maintenance Journeyman and Gas Turbine Repair and Overhaul only).
- Government officials responsible for apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the Manitoba Apprenticeship program.
- Canadian Council of Directors of Apprenticeship (CCDA) and Human Resources and Skills Development Canada (ERSDC) 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 Examination Management System (ICEMS) database.
- Groups, organizations or associations for general trade-related correspondence, or to be considered for an honour or award.
- Employers and associations related to awards for which I may be eligible, for the purpose of recognition.
- Alternate contact.

I understand that under the authority of the *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 also 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. I authorize Apprenticeship Manitoba and these persons and entities to share such personal information about me as may be necessary for these purposes.

## REGISTERING THE TERMS OF THIS AGREEMENT

The information I have given in this Agreement is true, complete and accurate. I understand that failure to give truthful, complete and accurate information may result in refusal of this application or cancellation of the Apprenticeship Agreement.

This Agreement is legal when registered with the Executive Director of Apprenticeship Manitoba. The Executive Director may suspend or cancel this Agreement if the apprentice is not receiving adequate training and supervision.

At the discretion of the Executive Director, an apprentice whose Apprenticeship Agreement is cancelled may not be eligible to be re-registered under a new Apprenticeship Agreement if the terms and conditions above are not respected.

*I have read and understand the terms and conditions for the AccessManitoba Privacy Notice at: [web22.gov.mb.ca/Mbeso/shared/TermsOfUse](http://web22.gov.mb.ca/Mbeso/shared/TermsOfUse) and authorize Manitoba to collect and use my personal information for these purposes and to disclose it to the AccessManitoba Participating Programs.*

**The signature below confirms that I have read, understand and agree with the terms of this agreement. All signatures are required.**

### Apprentice

\_\_\_\_\_  
\*Print Name of Apprentice

\_\_\_\_\_  
\*Signature of Apprentice

\_\_\_\_\_  
\*Date (dd/mm/yyyy)

### Employer

\_\_\_\_\_  
\*Print Name of Employer/Employer Representative

\_\_\_\_\_  
\*Signature of Employer/Employer Representative

\_\_\_\_\_  
\*Date (dd/mm/yyyy)

### Parent/Guardian

(if applicant is a minor)

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (dd/mm/yyyy)

**High School Apprenticeship Program (HSAP) Only** The signature below confirms that the High School student meets the eligibility requirements for the High School Apprenticeship Program (HSAP)

### School Contact

\_\_\_\_\_  
Print Name of Contact

\_\_\_\_\_  
Signature of Contact

\_\_\_\_\_  
Date (dd/mm/yyyy)