

The purpose of an Industry Working Group 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.

Applicant's Personal Information

_____	_____	_____
First Name	Last Name	Home Telephone
_____	_____	_____
Home Address	City/Town	Postal Code
_____	_____	_____
Business Phone	Cell Phone	Email Address

Do you prefer that information be sent to you at: Home Work E-mail

What is the name of the trade/occupation you are applying to represent? _____

Meeting 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.

Current Employer

_____	_____	
Business Name	Applicant Position Title	
_____	_____	
Business Mailing Address	City/Town	Postal Code

Years of Employment _____

Is this employer: Union Non-Union

Total number of people employed at the business: _____

Number of certified journeypersons employed in the company: _____

Does this company participate as an employer in an established apprenticeship program?

Yes No

Number of apprentices employed in the company: _____

Number of these people employed in the trade you are applying to represent: _____

Certification Information

List and include copies of any certificates, credentials or documents related to the Industry Working Group for which you are applying.

Type of Credential	Trade Name on Credential	Credential Number	Issue Date	Issuing Province/Territory/Country	How was the credential obtained? Ex: apprenticeship, trades qualification or grandparenting

Describe your knowledge of the trade including areas of specialization; mentoring or teaching experience; experience with new technologies; knowledge of the labour market; and related information.

Representation

Application to represent Employers or Employees: (check one only) Employer Employee

Please note:

“**Employer**” means a person, partnership, organization or unincorporated association, or a municipal, provincial or other public authority, that has entered into an apprenticeship agreement with an apprentice in accordance with the Act.

“**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, or a final year apprentice who does not hold a trade certificate but has completed technical training and examinations for all levels and has been granted permission from the Board to provide employee representation on a board.

Complete either section 1 or section 2 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 by an Association or Organization

_____ Name of Association/Organization	_____ Address of Association/Organization
_____ Nominator’s name (print)	_____ Nominator’s signature
_____ Nominator’s position in the Association/Organization	_____ Nominator’s telephone number
_____ Nominator’s email address	

Endorsement Letter from the nominating Association or Organization included.

Section 2 - Individual Application

This application must include a completed “Endorsement of Candidate” page (below) with the signatures of two industry stakeholders who endorse your appointment to the Industry Working Group. In consultation with the Executive Director and if circumstances warrant, the Sector Committee may decide to accept less than two signatures.

Endorsement of Candidate (only required with “**Individual**” applications)

We, the undersigned, as employee and/or employer representative in the trade of _____
endorse _____ as a candidate for the Industry Working Groups.

1.	Name (please print)	Business Name
	Signature	Telephone
2.	Name (please print)	Business Name
	Signature	Telephone

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 Group members to meet as necessary and consents to my application for this position.

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

or

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.