

Provincial Advisory Committee (PAC) Application

Application to the Provincial Advisory Committee of: _____
Trade (please print)

NOTE:

Any individuals who participate in the direct delivery or coordination of apprenticeship technical training or apprenticeship accredited training may not be eligible for membership on the Provincial Advisory Committee.

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

Current Employment

_____	_____	_____
Legal Business Name	Operating Name (If different than Legal 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 PAC 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. If necessary, use additional paper.

If you are interested in serving as a Chairperson, please list experiences (if any).

Chairperson Application - I am applying for Chairperson

Organization and/or position	Dates served in this organization/position

Representation

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

Complete either section 1 or section 2:

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 ten industry stakeholders who endorse your appointment to the Provincial Advisory Committee. In consultation with the Executive Director and if circumstances warrant, the Board may decide to accept less than 10 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 Provincial Advisory Committee.

1.	Name (please print)	Business Name
	Signature	Telephone
2.	Name (please print)	Business Name
	Signature	Telephone
3.	Name (please print)	Business Name
	Signature	Telephone
4.	Name (please print)	Business Name
	Signature	Telephone
5.	Name (please print)	Business Name
	Signature	Telephone
6.	Name (please print)	Business Name
	Signature	Telephone
7.	Name (please print)	Business Name
	Signature	Telephone
8.	Name (please print)	Business Name
	Signature	Telephone
9.	Name (please print)	Business Name
	Signature	Telephone
10.	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 Provincial Advisory Committee members to meet as necessary and consents to my application for this position.

Signature of Applicant

Date

Signature of Employer

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
Ph: (204) 945-3337 Fax: (204) 948-2539
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 Provincial Advisory Committees. 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.