

# Apprenticeship Manitoba

## Apprenticeship Application and Agreement

NAME: \_\_\_\_\_ TRADE: \_\_\_\_\_

**Office Use Only: APPRENTICESHIP REGISTRATION # 100 - \_\_\_\_\_**

### Application Type:

- ☐ 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)

Submit the completed application to:

Apprenticeship Manitoba, 100 - 111 Lombard Avenue, Winnipeg, Manitoba R3B 0T4

Ph: (204) 945-3337   Fax: (204) 948-2346   Toll Free: 1 (877) 978-7233

## THE APPRENTICE AGREES TO:

- Pay tuition and other required fees.
- 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;
- 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: [www.gov.mb.ca/tce/apprent/forms/pdf/accessmb\\_privacy\\_consent\\_notice.pdf](http://www.gov.mb.ca/tce/apprent/forms/pdf/accessmb_privacy_consent_notice.pdf) 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

**Employer** \_\_\_\_\_  
Print Registered Name of Business or Recognized Association Signature of Employer/Employer Representative Date

**Parent/Guardian** \_\_\_\_\_  
(if the applicant is a minor) Print Legal Name of Parent/Guardian Signature of Parent/Guardian Date

## 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

**Registered by Apprenticeship Manitoba** \_\_\_\_\_

## PERSONAL INFORMATION (PLEASE PRINT)

Preferred language ☐ English ☐ French

☐ Mr. ☐ Ms. ☐ Mrs. \_\_\_\_\_  
Legal First Name Middle Name Last Name Date of Birth (dd/mm/yyyy)

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

\_\_\_\_\_  
Primary Phone # Secondary Phone # S.I.N. Email Address

## SELF DECLARATION (optional)

Are you eligible to work in Canada? ☐ yes ☐ no  
 Are you a Manitoba Resident? ☐ yes ☐ no  
 Gender: ☐ Male ☐ Female  
 Visible Minority: ☐ yes ☐ no  
 Disability: ☐ yes ☐ no (if **yes**, submit a Self-Identification for Clients Requiring Accommodations Form)  
 Aboriginal Ancestry: ☐ First Nations ☐ Non-Status ☐ Métis ☐ Inuit

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

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

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

## EDUCATIONAL BACKGROUND

**NOTE: Beauty Trades must provide a Verification of Enrollment or Verification of Completion**

**NOTE: New apprentices MUST include an education transcript, if this is not included you MUST attend a scheduled assessment.**

☐ 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

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

Do you hold a Certificate of Qualification in a Trade(s)? ☐ yes ☐ no (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 Contact Email

For information about this application and Apprenticeship Manitoba  
 contact Apprenticeship Manitoba at (204) 945-3337  
 or visit our website at [www.gov.mb.ca/tradecareers](http://www.gov.mb.ca/tradecareers)

**BUSINESS INFORMATION** - Are you applying as a recognized association for the purpose of a Pool Agreement? ☐ yes ☐ no  
 Have you previously employed an apprentice? ☐ yes ☐ no

Business Operating Name \_\_\_\_\_ Employer Contact Name \_\_\_\_\_ Legal Entity Name \_\_\_\_\_ Primary Phone # \_\_\_\_\_  
 Business Mailing Address/Worksite \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

I authorise \_\_\_\_\_ in the position of \_\_\_\_\_ on behalf of this employer to sign this Apprenticeship Application.

**TIME CREDIT INFORMATION AND WAGES** Time Credit is at the discretion of the signing employer for non-compulsory trades. **NOTE:** The official Apprenticeship “**start date**” is the date your agreement is registered by the Executive Director of Apprenticeship

Apprentice start date in this trade at this business \_\_\_\_\_ Apprentice wage rate \_\_\_\_\_

Time credit for trade related work experience \_\_\_\_\_ Journeyperson wage rate \_\_\_\_\_

**Apprentice wage listing is available at [manitoba.ca/tradecareers](http://manitoba.ca/tradecareers).**

## JOURNEYPERSON/DESIGNATED TRAINER INFORMATION

The following information ***must*** be included.

List the trade certified journeyperson/designated trainer employed at this business who is responsible for supervising this apprentice.

Name of Journeyperson	Trade	C of Q #	Issuing Prov/Territory	Date Issued	# of Journeypersons	# of Currently Registered Apprentices

Name of Designated Trainer	Trade	Designated Trainer #	Date Issued	# of Journeypersons	# of Currently Registered Apprentices

Manitoba Electrical Licence # (electrical trades only) \_\_\_\_\_ Expiry Date \_\_\_\_\_ Authorization to Practise # (beauty trades only) \_\_\_\_\_ Expiry Date \_\_\_\_\_

## 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 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, consultations).

## PAYMENT INFORMATION - A \$50.00 registration fee is required. Do not send cash by mail. Do not email this application.

- Complete this section with the required credit card information if paying by Visa or MasterCard.
- Payment may be made by cheque or money order payable to the “Minister of Finance” or by cash or Interac in-person.

☐ Cash ☐ Cheque ☐ Money Order ☐ Debit ☐ VISA ☐ MasterCard

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ (mm/yy) Name as it appears on card \_\_\_\_\_