



# Apprenticeship Application Form

This form contains three parts: the **Apprenticeship Application**, the **Employer Application** and the **Apprenticeship Training Agreement**. Each of these must be filled out completely in order for the apprenticeship application to be processed. Please be accurate with dates, phone numbers, addresses etc. and please print clearly. Incomplete forms or forms that cannot be read will be returned to the applicant.

The **Apprenticeship Application** must be completed by the applicant (apprentice). To receive credit for high school trade courses, the applicant must submit a copy of their high school transcript with the application form. To receive credit for post-secondary courses, the applicant must submit a copy of their graduation certificate with the application form.

The **Employer Application** must be completed by the employer.

The **Apprenticeship Training Agreement** must be signed by the applicant and the employer or employer's representative. These signatures must be witnessed. If the applicant is under 18 years of age, a parent/guardian must also sign the application.

Send completed applications to:

**PEI Apprenticeship Section**  
**PO Box 2000**  
**Suite 212, Atlantic Technology Centre**  
**Charlottetown, PEI C1A 7N8**

Or

**Scan and email to**  
**[jdburke@gov.pe.ca](mailto:jdburke@gov.pe.ca)**

Please retain these instructions for your records.

**For more information, contact the PEI Apprenticeship Section at 368-4460.**

# Apprenticeship Application



1. Trade \_\_\_\_\_

## 2. Application Type (check one)

- Apprenticeship Program  
 High School Student - Accelerated Secondary Apprenticeship Program (ASAP)

## 3. Personal information:

\_\_\_\_\_ Man \_\_\_\_\_ Woman \_\_\_\_\_ Gender Not Listed \_\_\_\_\_ Do not wish to disclose

\_\_\_\_\_  
Legal First Name Middle Name Last Name Date of Birth (DD/MM/YY)

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

\_\_\_\_\_  
Primary phone # Cell # E-mail address

## Alternate contact person:

Applicants under 18 years of age **must** include the name of a parent or guardian. Optional for applicants over 18.

\_\_\_\_\_  
Name Relationship to apprentice Phone# Cell #

## 4. Education information: (Please attach a photocopy of your certificate or transcript for proof of completion.)

High School Name \_\_\_\_\_ Grade completed \_\_\_\_\_

Date expected to graduate (for ASAP/high school students) \_\_\_\_\_

High School Equivalency (GED) obtained?  Yes  No

Did you attend a pre-employment program (college) or block release training program?

Yes  No Trade \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_ Training Institution \_\_\_\_\_

**Note: To receive credit for previous in-school training, you must supply proof of completion.**

**If you have documentation that supports any exam accommodations, you must submit this information before attending training.**

## 5. Previous trade employment:

To receive credit for previous employment hours in this trade, you must supply a copy of your Record of Employment or a letter from your employer.

# Apprenticeship Application



## Consent to Share Personal Information

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, c, F-15.01 as it relates directly to and is necessary for determining your eligibility for the PEI Apprenticeship Program. If you have any questions about this collection of personal information you may contact the Manager of Apprenticeship, PO Box 2000, Charlottetown PE C1A 7N8, (902) 368-4460.

I understand that to administer, monitor and evaluate my apprenticeship training, the PEI Apprenticeship Section may need to collect or provide personal information about me to:

- My current and former employers
- Accredited training providers that provide technical training to me
- Government officials responsible for apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the PEI Apprenticeship program and to verify my eligibility for any grants or funding.
- Other provincial government education branches, schools, school divisions to verify education credentials
- Employment and Social Development Canada (ESDC) to assist in obtaining financial support
- Other provincial government officials to administer and enforce workplace legislation
- Canadian Council of Directors of Apprenticeship (CCDA) and Employment and Social Development Canada (ESDC) 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 Management System (ICEMS) database
- Alternate contact

## Apprentice Signature

- I understand the "Consent to Share Personal Information" and I hereby make application for apprenticeship, and I declare that:
- The information I have provided is true and complete in all respects and that I have not withheld any relevant information. (Note: It is an offence under the *Apprenticeship and Trades Qualification Act* to provide false information.)
- I will notify the PEI Apprenticeship Section office of any subsequent changes in the information contained on this application.
- I will notify the PEI Apprenticeship Section of any change of employer during my apprenticeship.

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

\_\_\_\_\_  
Date

# Employer Application



1. **Name of Prospective Apprentice** \_\_\_\_\_
2. **Trade** \_\_\_\_\_
3. **Date Employment Started** \_\_\_\_\_
4. **Business Information**

\_\_\_\_\_  
Business Operating Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Primary Phone #

\_\_\_\_\_  
Secondary Phone #

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
E-Mail Address

Do you have a journeyperson on staff who holds a Certificate of Qualification (Red Seal)?

Yes       No

## **If no:**

Do you have a tradesperson who has a minimum of 7 years of experience in the trade?

Yes       No

## **5. Signing Authority for Employer**

I have the authority as, or on behalf of, the employer to complete this Apprenticeship Application form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position with Employer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

