



## Employment/Educational Opportunities

In B.C. there are currently more than 100 apprentice trade programs offering career opportunities. What these occupations have in common is that they require specialized skills, and involve working with your hands as well as you head, and the training is largely done on-the-job.

The Chilliwack School District Apprenticeship program is a partnership between the School District, Employers and the Industry Training Authority (ITA), a provincial crown agency responsible for B.C.'s industry training system. The vision of the ITA is to produce highly skilled and productive people through industry training and skills development.

## Requirements for program admission:

Students must be 14 years of age or older, attending High school and working in an apprenticeable trade. To qualify students must complete an application, including parent/guardian signatures and employer evaluations. Once the application has been processed students will be interviewed with a parent/guardian and either approved or not approved as an apprentice. Students in this program can use all part time, weekend and summer work to count towards the necessary hours required. For every 120 hours worked, students will receive credit for one course, up to a total of 4 courses/16 credits.



## \$1000 Award

If students receive a C+ or better in their graduation year and continue working full time for five months after graduation or have accumulated a total of 900 hours they can qualify for a \$1000 Award.

## Courses to be taken at High school:

COURSE	CREDITS	GRADE	REQUIREMENTS
WRK 11A	4	Grades 10, 11, 12 school year	120 hours of work
WRK 11B	4	Grades 10, 11, 12 school year	120 hours of work
WRK 12A	4	Grades 10, 11, 12 school year	120 hours of work
WRK 12B	4	Grades 10, 11, 12 school year	120 hours of work

**Student Agreement:** By signing below, student and parent acknowledges an awareness of program requirements as outlined above.

Student Name: \_\_\_\_\_ Signature of Student \_\_\_\_\_

I give my son/daughter permission to participate in the Chilliwack School Apprenticeship Program.

Parent Signature (If student under 19): \_\_\_\_\_

## Application Requirements

***Applicant: keep this form for your records***

Applicants must meet the following requirements:

- ☐ Be fourteen years of age or older at start of the program.
- ☐ Working in an apprenticeable trade.
- ☐ Be registered in a Chilliwack School District school.

### Step 1:

- ☐ Submit **completed** Chilliwack School District Career Programs application package (requires both student and parent signatures).
- ☐ Submit a current Resume and Cover Letter
- ☐ Include a copy of your most recent report card.

**Package can be submitted to Colin Mitchell (Youth work in Trades Coordinator) 604-798-0797**

### Step 2:

When the application package has been processed, students will be contacted regarding the following requirements:

- ☐ Student **and** parent must attend an Orientation and/or Interview.

**Only complete application packages will be processed.**

**Have you attached your most recent REPORT CARD to your application package?**

# Career Programs Application



Chilliwack  
School District

Name (please print clearly) \_\_\_\_\_

Current Grade \_\_\_\_\_

## ITA YOUTH TRAIN IN TRADES

☐

Automotive Service Technician

☐

Carpenter

☐

Dairy Production Technician

☐

Hairstylist

☐

Horticulture

☐

Professional Cook 1

☐

Welder

## ITA YOUTH WORK IN TRADES

☐

Specify trade \_\_\_\_\_

## UNIVERSITY TRANSITION -UFV

☐

Community Support Worker

☐

Health & Human Services

## REGIONAL CAREER PROGRAMMING (RCP)-UFV

☐

Specify Course Option: \_\_\_\_\_

## WORK EXPERIENCE

☐

WEX 12A

☐

WEX 12B

I, \_\_\_\_\_ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- Maintain passing grades in all courses

I am aware that this program is a challenging opportunity and am willing to abide by the rules set forth by Chilliwack School District.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

# District Career Programs Registration Form



Chilliwack  
School District

## STUDENT INFORMATION

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_

Birth Date (Day/Month/Year) \_\_\_\_\_

Home Phone \_\_\_\_\_

CELL Phone \_\_\_\_\_

Student email (please print clearly) \_\_\_\_\_

Home School \_\_\_\_\_

Grade \_\_\_\_\_

## IMMIGRATION/CITIZENSHIP STATUS

International Student ☐

## ADDRESS INFORMATION

Street Address \_\_\_\_\_

Apt No \_\_\_\_\_ City \_\_\_\_\_

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

Mailing address (if different from above) \_\_\_\_\_

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offence of perjury, contrary to Section 131 of the Canadian Criminal Code.

## PROGRAM

Have you had learning assistance in middle or high school? Yes ☐ No ☐

ELL (English Language Learner) ☐

Special Education ☐ – which program? \_\_\_\_\_

\*I have an IEP (Individualized Education Plan) ☐

## PARENTS/GUARDIANS

### First Contact

Relationship to student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

**Second Contact**

Relationship to student \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Are there any legal documents in force re custody/guardianship/access? Yes ☐ No ☐

If so, please explain briefly \_\_\_\_\_

Have you provided a copy of these legal documents to the school? Yes ☐ No ☐**MEDICAL INFORMATION**

Dr Name \_\_\_\_\_ Phone \_\_\_\_\_

Care Card No. \_\_\_\_\_

Allergies and Conditions \_\_\_\_\_

Are any of these conditions life threatening? Yes ☐ No ☐ If so, which? \_\_\_\_\_

Life Threatening Conditions/Medications or Treatment Required:

Condition \_\_\_\_\_ Treatment \_\_\_\_\_

(AP 327 – Medical Alert Conditions, AP328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website).

Name (printed) \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent/guardian)**STUDENT INFORMATION RELEASE**

In accordance with the Freedom of Information and Protections of Privacy Act, Chilliwack School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

I give my consent for release of my name, address, email and phone number to school district personnel to enable them to contact me regarding school issues, meetings or school related activities.

Signature \_\_\_\_\_

**Student Images**

Your child's photograph may be used for administrative and identification purposes consistent with providing an educational program. In addition, your child's name, photograph and comments may be published in the school yearbook, school newsletter or brochure, school video or in a district annual report, calendar or website.

I consent to the use of my child's name, photograph and comments for purposes consistent with the above.

Signature \_\_\_\_\_

Students cannot be photographed in classrooms or in school yards during school hours without student or parental consent. However, at various times throughout the school year, the school may invite spectators – including parents or media – to certain school events (school play, concert, sporting event, special classroom activities).

I consent to the publication of my child's name, photograph and comments in the news media for purposes consistent with the above.

Signature \_\_\_\_\_

# Statements of Interest and Intent



Chilliwack  
School District

**Application to this program is a competitive process. Please give detailed answers**

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Career Goal: \_\_\_\_\_

1. What have you done to prepare yourself for study in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)

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2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

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3. What skills do you have that will help you be successful in this program? \_\_\_\_\_

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4. What interests you about a career in this field? \_\_\_\_\_

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5. What knowledge do you have of this career field? (i.e. opportunities for work, working conditions, wages, etc.?)

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6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.

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7. What are your interests outside of school? (hobbies, sports, clubs, special talents, etc.)

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8. Please explain any absences/lates you have this school year \_\_\_\_\_

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## Teacher Reference Form

(academic or program elective teacher)



**CONFIDENTIAL** - Please complete the reference and submit in a **sealed** envelope to secondary school counsellor.

Student: \_\_\_\_\_  
Last Name First Name

Course you taught this student: \_\_\_\_\_ Grade: \_\_\_\_\_

This student has applied for a seat in the \_\_\_\_\_ Program.

1. The program this student is applying for is academically rigorous. The pace is very fast and the student must be self-motivated and able to directly apply what they are learning theory wise to practical work. The ability to think critically is essential to the student success.

**Do you feel the student applying can meet these criteria?**

☐ YES ☐ POSSIBLY ☐ NO

2. Could this student be counted on to represent the school district favorably in a college/university setting?

☐ YES ☐ POSSIBLY ☐ NO

3. Do you feel this student has a sincere interest in this District Partnership program?

☐ YES ☐ POSSIBLY ☐ NO

4. Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

	Excellent	Good	Satisfactory	Needs Improvement
Maturity				
Accuracy/ability to follow instructions				
Enthusiasm and interest				
Adaptable – adjusts to new situations				
Follows through on assigned tasks				
Attendance				
Punctuality				
Shows motivation to learn new skills				
Can work independently				
Has positive attitude towards work				
Accepts constructive criticism				
Makes changes as a result of constructive criticism				

Evaluation completed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Signature: \_\_\_\_\_





## Employer Reference form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last name First name

The student has applied for an apprenticeship in \_\_\_\_\_. This program has an extensive out-of-school component and the students will be awarded credits for graduation as well as logging hours towards their apprenticeship qualification. Please help in the selection process by providing the following information about the student and by giving frank comments that will aid in the placement of students who might benefit from such a program. Please check the following traits as:

(1) Needs Improvement

(2) Satisfactory

(3) Good

(4) Excellent

TRAIT	1	2	3	4
Personal grooming and appearance				
Enthusiasm and interest				
Temperament / Personality				
Ability to get along with others				
Courtesy/ability to meet the public				
Accepts constructive criticism				
Adaptable – adjust to new situations				
Dependability / Reliability				
Responsibility / Accountability				
Punctuality / Attendance				
Initiative				
Accuracy / ability to follow instructions				
Communication - oral				

Do you feel this student has a sincere interest in apprenticeship training? ☐ Yes ☐ No

Is this student covered by WCB (Worksafe BC)? ☐ Yes ☐ No WCB # \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Reference completed by: Business Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_



**Preferred start date** (choose only one)

☐ February ☐ September

☐ Other

**Have you ever applied to UFV?**

☐ Yes ☐ No (include student number if known)

**UFV student number**

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**UFV/School District #33 (Chilliwack) program selection (mark one):**

<input type="checkbox"/> Automotive Service Technician	<input type="checkbox"/> Community Support Worker	<input type="checkbox"/> Health & Human Services
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Welding/Welder Fitter

## Part 1 — Personal information

<b>Legal last name</b> (family name)		<b>Legal first name</b> (in full)		<b>Middle name</b> (if applicable)									
<b>Former last name</b>		<b>Preferred first name</b>											
<b>Mailing address</b> (street number, street)			<b>City or town</b>										
<b>Province</b>	<b>Country</b> (if not Canada)	<b>Postal code</b>	<b>Primary phone</b> Area code	<b>Mobile phone</b> Area code									
<b>Email address</b>		<b>Citizenship</b> <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed Immigrant or Permanent Resident <input type="checkbox"/> Study Permit											
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another Gender Identity		<b>Birthdate</b> <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table>			Y	Y	Y	Y	M	M	M	D	D
Y	Y	Y	Y	M	M	M	D	D					
<b>What is your first language (mother tongue)?</b>		<b>(OPTIONAL)</b> Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit											

## Part 2 — Academic information

<b>BC personal education number</b>	<b>Expected high school graduation date:</b>	<b>What is/was the main language of instruction in your last two years of high school?</b>																	
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<b>High School name</b>		<b>City &amp; Province/State</b>																	

## Part 3 — Declaration

I certify that all information submitted on this application is correct and complete. I understand that submission of this application permits the University of the Fraser Valley to request and/or confirm any information necessary to support my application; that submission of any false statement or documents may result in the cancellation of admission and/or dismissal from the university; and that information on falsifications may be shared with other post-secondary institutions (UFV Policy 70).

I understand the information provided on this application and placed in a student record will be used for the purposes of admission, registration, record keeping, graduation, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act (FIPPA). For more information, please visit <https://www.ufv.ca/informationprivacy>. Certain student information is provided to partner Institutions, and to Student Societies for voting and membership purposes. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government.

If I am admitted to a program, I agree to abide by the rules and regulations of the university.

<b>Signature</b>	<b>Date</b>
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## OFFICE USE ONLY

<b>Term</b>	<input type="checkbox"/> Admit	<b>Application received</b>	<b>Decision code</b>	<b>Initials</b>																											
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ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Toll Free: 1-866-660-6011  
youth@itabc.ca

## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Return completed and signed registration form to the school district/board authority contact. Provide both the student and the sponsor signed copies of the registration form and file the original in the student's permanent records for audit purposes.

\* Bold Fields are Mandatory

### A. Apprentice Information

Please indicate if this is a <input type="checkbox"/> New Registration <input type="checkbox"/> Update of a previous Registration		ITA Individual ID #:(leave blank for new registration)
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PEN:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number: ( )	Secondary Phone Number: ( )	*Email Address:
Do you agree to receiving text message (SMS) notifications to you primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*High School Graduation Date (MM/DD/YYYY):	*Name of School:	*Have you participated in a Youth Discover the Trades event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes are you: First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>

\*All communication from ITA will be sent to the e-mail address provided.

### B. Sponsor/Employer Information

*Name of Sponsor Organization:	ITA Sponsor ID # (if already registered):	*Supervising Tradesperson Contact Name (First & Last):
*Contact Person:		*Certificate # or Sign-Off Authority #:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
Phone Number and Extension: ( )		*E-mail:

### YOUTH WORK IN TRADES

*Trade Name:	School District/Independent School Authority:
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## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

### APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT (If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

#### C. Agreement to Fulfill Responsibilities of Apprentice

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
  - scheduling and registering myself into and successfully completing required Technical Training at an ITA-approved training institution of my own choice, OR
  - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

#### D. Accuracy of Information Provided

I declare that:

all information I have provided or will provide to the Industry Training Authority ("ITA") in the future is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to the ITA, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled and I may not be allowed to re-register,
- my trade certificate issued by the ITA may be cancelled, and/or
- I may be subject to criminal prosecution.

#### E. Authorization to Collect Information Inside or Outside of Canada

I agree that the Industry Training Authority may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
  - my current and former employers
  - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to the ITA.

#### F. Consent to Disclose Information

I agree to allow the ITA, in accordance with the *BC Freedom of Information and Protection of Privacy Act* to use and provide to others personal information I have provided on my apprentice registration form, as well as any other information necessary for administering the apprenticeship training program in which I am registered and to provide my personal information to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs.



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## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

### I. Agreement to Fulfill Responsibilities of Sponsor

#### I understand and agree that it is my responsibility to:

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of an ITA-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
- Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

### J. Accuracy and Currency of Information Provided

#### I declare that:

- the apprentice's work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to the Industry Training Authority is true and complete.

#### I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

#### I acknowledge that:

if I knowingly provide untrue information or false documents to the ITA regarding my apprentice, or fail to provide information or documents requested by them:

- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice's registration may be cancelled and the apprentice may be prevented from re-registering,
- a trade certificate issued by the ITA to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

### K. Sponsor Signature

"By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form."

Sponsor's Signature:	Date (MM/DD/YYYY):
Parent/Guardian's Signature:	Date (MM/DD/YYYY):
SD/BA Contact's Signature:	Date (MM/DD/YYYY):



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## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

I also agree to information from my apprenticeship record with the ITA being provided to others as follows:

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which ITA believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers: Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

### G. Option to receive some course notifications (This Section must be Completed by Apprentice)

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with ITA-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by ITA of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- ☐ The ITA may provide my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- ☐ The ITA may NOT provide my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

### NOTE TO APPRENTICE:

If you have a question or concern about ITA's use of your personal information, contact an ITA Customer Service Representative.  
From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011

### H. Apprentice Signature

"By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form."

Apprentice's Signature:	Date (MM/DD/YYYY):
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## SPONSOR RESPONSIBILITIES AND DECLARATION