

This form is to be completed by an individual translating or reading for an exam candidate who has been approved to receive accommodation.

**1 EXAM CANDIDATE INFORMATION**

SkilledTradesBC Individual ID #	Program (Trade) Name	<input type="checkbox"/> Red Seal <input type="checkbox"/> CofQ <input type="checkbox"/> Level _____
Legal First Name	Legal Middle Name (s)	Legal Last Name

**2 TRANSLATOR/READER INFORMATION**

Legal First Name	Legal Middle Name (s)	Legal Last Name
Date Of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	Mailing Address
City	Province	Postal Code
Email Address	Phone Number	SkilledTradesBC Individual ID #

**3 TRANSLATOR/READER DECLARATION AND SIGNATURE**

**I solemnly declare that: (All items below must be checked)**

- I will not disclose any information regarding the content of the examination to any party.
- I am at least 19 years old.
- I have been a translator/reader for this exam less than two times in my life.
- I have not translated/read for this exam in the past 90 days.
- I am not a certified journey person, employed or have practical knowledge in the trade or related that I will be translating/reading.
- I will provide direct translation of/read aloud the printed question and answer options from the examination booklet from English into the \_\_\_\_\_ language, providing no additional information or interpretation of any kind to the candidate.
- I understand this individual exam will be monitored by a SkilledTradesBC invigilator and may also be recorded and reviewed.

**PRIVACY NOTICE**

The personal information on this form and other personal information that forms part of your apprenticeship record is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act.

The information is used to (1) administer and monitor the apprenticeship training program in which you are enrolled, (2) administer your participation in the apprenticeship program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA), (3) plan, research and evaluate programs, (4) assist in the promotion of the apprenticeship and certification program in British Columbia, (5) identify persons for the purpose of financial awards, (6) identify persons for targeted correspondence that relates to their trade(s) or their involvement in apprenticeship training (ex: surveys, statistics, consultations).

*I have read and understood the Privacy Notice and hereby authorize SkilledTradesBC to share my personal information record for the previously stated purpose with officials in other jurisdictions, my present and future sponsors, educational institutions and training providers, regulatory authorities and municipal, provincial and federal government bodies where the information is necessary for them to fulfill their legal responsibilities or manage apprenticeship-related programs.*

Signature Of Translator/Reader	Date (MM/DD/YYYY)
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**Acceptable Photo Identification**

Translators and Readers are required to provide valid Photo Identification on the day of exam. Do not submit originals, photocopies or write the identification number on this application. A list of acceptable photo identification is below:

- Canadian Provincial Driver's License
- Canadian Provincial Identification
- Canadian Permanent Residency Card
- Nexus Card
- BC Services Card
- Canadian Certificate of Indian Status
- Valid Passport

*\*Cards without an expiry date will not be accepted*