SKILLED TRADES^{BC}

SKILLEDTRADESBC DESIGNATED TRAINER APPLICATION FORM

This form is to be filled in electronically. Please e-mail this form to the address above.

An application fee of \$350.00 must be submitted with the Designation Application Fee Form. Review the "Guidelines for Training Providers Applying for SkilledTradesBC Program Designation" for more details.

A.APPLICATION TYPE

Please indicate the type of application you are submitting (check 1 box only):

New Designation

Program Addition

Designation Renewal

B.BUSINESS INFORMATION

Name of Institute or Company (please provide both the operating and legal names if different)				
Street Address:				
City:	Province:	Postal Code:		
Mailing Address: Same as Above	I			
City:	Province:	Postal Code:		
Telephone Number: ()	Fax Number:		Website Address:	
PTIB Registration No:	i	How Long ha	as the Institution Been Providing Industry	Training?

Contact Information:

Name and Title of Person Responsible for Communication Regarding SkilledTradesBC Designation:			
Telephone Number: ()	Fax Number: ()	E-mail address:	

C.PROGRAM DETAILS:

Name of SkilledTradesBC Accredited (Red Seal), Recognized (Provincial) or Foundation training program and Level(s) for which SkilledTradesBC Designation is being sought (e.g. "Electrician, Level 1 and Level 2"):				
Program delivery (select all that apply):	Program Start Date:			
□ Full-Time				
Part-Time				
Delivery Methods (select all that apply):				
On-site instructor led	□ Self-paced	Online instructor led		Blended delivery (both on-site and online)
□ Alternative Delivery				
If you chose alternate delivery above, pleas	se explain why:			



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SkilledTradesBC 800 - 8100 Granville Ave Richmond, BC V6Y 3T6 Tel: 778-328-8700 Toll Free: 1-866-660-6011 designation@skilledtradesbc.ca

r	1				
Expected minimum program enrollment:	Number of hours per week in the program:	Number of training weeks:			
2. poolou minimum program emomente	ramber of nours per neek in the program.				
Do SkilledTradesBC documents (i.e., Program Outline, Occupational Analysis Chart, Tool and Equipment List, Learning Resources) guide					
program delivery?					
Yes If not, describe alternate sour	ces guiding delivery:				
□ No	0 0 1				

*Note: Please attach examples of material promoting the program including advertising, brochures or information

D.LOCATION DETAILS:

*Note: Please complete a separate page for each delivery site The training location(s) for which SkilledTradesBC Designation is being sought:

Campus Name:				
Street Address:				
City:	Province:	Postal Code:		
Telephone Number: ()	Fax Number: ()			
Location Contact Name:	Telephone Nu ()	ımber:	E-mail address:	
Describe the location, equipment and	l tools and consumable tra	de materials which w	ill be utilized:	

E.INSTRUCTOR(S) INFORMATION:

Lo	Location Instructor Name (if more than one instructor is involved in the program provide details for each):					
Ins	Instructor Qualification:					
	BC Certificate of Qualification	n No				
	Red Seal No		_			
Yea	ars of Teaching Experience:		Years of industry experience as a qualified journeyperson:			
BC Provincial Instructor Diploma?						
	Yes	□ No				
Ot	her Qualifications:					



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F. APPLICATION CHECK LIST

To avoid delays in processing, please use the following checklist to ensure that the application is complete and that the required documentation is attached. For the complete list and definitions, please refer to the Designation Guidelines.

- **D** This application form
- **General Section** Forms and documents (as listed in the Designation Guidelines in Appendix D)
- □ Institution's policies (as listed in the Designation Guidelines in Appendix E)
- □ Application fee attached in the form of a cheque

G.APPLICANT'S SIGNATURE:

I, as the applicant, certify that the information I have provided is complete and accurate and I authorize SkilledTradesBC to verify its accuracy.

Applicants Name and job title:	
Applicant's Signature:	Date (YYYY/MM/DD):