APPRENTICE AND SPONSOR REGISTRATION FORM

ITA Customer Service
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@itabc.ca

Please print clearly and return to the address or fax above

This form is used to register apprentices and sponsors for any ITA program except Heating Technician or SSA/ACE IT programs. Missing information may delay the registration process.

If you were a registered apprentice in another province in a designated Red Seal trade your results can be assessed for transfer. Please indicate the province to be contacted:_____.

Note: Sponsoring an Apprentice is a mutual agreement between an Apprentice and an Employer/Sponsor. It may be cancelled anytime at the discretion of either parties. The apprentice must enter their initials in right hand corner of the page 2. Page numbers 3 and 4 must be signed and dated. Please ensure that you complete ALL 4 PAGES of the application form. Incomplete applications may be returned or it may result in a delay in processing your application. Processing time for applications is 10 business days.

*** Bold Fields are Mandatory**

A. Apprentice Information

ITA Individual ID #:(leave blank for new registration)	***Program (Trade):**	
***Legal First Name:**	Legal Middle Name (s):	***Legal Last Name:**
***Date of Birth (MM/DD/YYYY):**	***Gender:** ☐ **Male** ☐ **Female**	
Suite Number:	***Mailing Address:**	
***City:**	***Province:**	***Postal Code:**
***Phone Number:** ( )	Secondary Phone Number: ( )	***Email Address:**
Do you identify yourself as an aboriginal person? ☐ Yes ☐ No	If yes are you: First Nations ☐ Métis ☐ Inuit ☐	

B. Sponsor Information

***Name of Organization:**	Organization ID # (if already registered):	Union: ☐ Yes ☐ No
***Suite Number:**	***Mailing Address:**	
***City:**	***Province:**	***Postal Code:**
***Email Address:**	***Phone Number and Extension:** **( )**	Fax Number: ( )
***Name of Primary Contact (First & Last Name):**	***Date of Birth (MM/DD/YYYY):**	ITA Individual ID# (if already registered):
Name of Secondary Contact Person (First & Last Name):	Date of Birth (MM/DD/YYYY):	ITA Individual ID# (if already registered):

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

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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 I agree to this information being given to the ITA.

F. Consent to Disclose Information

I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and 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. I also authorize ITA to make the status of my certification and apprenticeship publicly available.

Apprentice Initial

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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 including Industry Training Organizations (ITOs): 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 or from ITOs 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 and the ITO 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 or the ITO 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.

H. Apprentice Signature

Privacy Statement
The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filling an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

Certification and authorization for collection, use and disclosure of personal information
"I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary for administering the apprenticeship training program in which I am applying, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and 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. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

Attestation
"I attest that the information I have provided is complete and accurate; and I authorize ITA to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide ITA with untrue information and/or false documents; ITA may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information and/or false documents to ITA or fail to provide information requested by them; then ITA may, at its sole discretion, take actions including but not limited to denying me assessment and/or revoking credit or certification they have granted to me."

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

"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

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

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; and
- 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):