



ITA DESIGNATED TRAINER APPLICATION FORM

Industry Training Authority
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
designation@itabc.ca

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

An application fee of \$350.00 must be submitted with this application and applicants are expected to cover all direct costs associated with the designation review. Review the "Guidelines for Training Providers Applying for ITA Program Designation" for more details.

A. 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: <input type="checkbox"/> Same as Above		
City:	Province:	Postal Code:
Telephone Number: ()	Fax Number: ()	Website Address:
PCTIA Registration No:	How Long has the Institution Been Providing Industry Training?	

Contact Information:

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

B. Program Details:

Name of ITA Accredited (Red Seal), Recognized (Provincial) or Foundation (Formerly ELTT) training program and Level(s)/Module(s) for which ITA designation is being sought (e.g. "Electrician, Level 1 and Level 2"):		
Program delivery (select all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Distance <input type="checkbox"/> Hybrid <input type="checkbox"/> Self-Paced		Program Start Date:
Describe any other notable aspects of delivery:		
Expected minimum program enrollment:	Number of hours per week in the program:	Number of training weeks:
Do ITA documents (i.e. Program Outline, Competency Profile Chart, Tool and Equipment List) guide program delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, describe alternate sources guiding delivery:		

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



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Location Information:

***Note: Please complete a separate page for each delivery site**

The training location(s) for which ITA designation is being sought:

Campus Name:		
Street Address:		
City:	Province:	Postal Code:
Telephone Number: ()	Fax Number: ()	
Location Contact Name:	Telephone Number: ()	E-mail address:
Location Instructor Name (if more than one instructor is involved in the program provide details for each):		
Instructor Qualification:		
<input type="checkbox"/> BC Certificate of Qualification No. _____		
<input type="checkbox"/> Red Seal No. _____		
Years of Teaching Experience:		Years of Practical Experience:
BC Provincial Instructor Diploma?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Qualifications:		
Describe the location, equipment and tools and consumable trade materials which will be utilized:		

*Note: Please attach Instructors' Resumes and available certificates.

C. Learning Resources:

Please attach a detailed list per level/module of all learning material and or instructional support materials (textbooks, cd's, dvd's, guides, etc.) used to support the program.

D. Tools & Equipment:

Please attach a detailed list per level/module of all tools, equipment and materials to be used to support the program.



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E. Fee Schedule:

Fee to be submitted with this application: \$350.

After receiving this application and discussing it with the training provider contact, ITA will provide an estimate of the direct costs of a designation review. The review will likely include a curriculum review, a site visit and an on-site program audit. The estimated costs will be based on the details in this application and are payable before proceeding with the designation review. For more detail please refer to the "Guidelines for Training Providers Applying for ITA Program Designation" document available from ITA.

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.

- Application is completed in full and is signed and dated.
- A separate "page 2" for each location is included.
- All documents, including:
 - samples of promotional material
 - site maps, floor plans, photos
 - instructor resumes and certificates
 - resource lists (curriculum outline, tools, equipment, and materials) are attached
- Payment of the application fee in the form of a cheque made out to the "Industry Training Authority" accompanies the application or has been sent "attention ITA designation coordinator"
- Training Provider is prepared to cover the direct costs of the designation review

Certification

I certify that the information I (as the applicant) have provided is accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.)

Applicant's Signature:	Date (YYYY/MM/DD):

ITA USE ONLY

- Application fee received: Application is complete:
- Curriculum Review required:
- Site Visit required:
- Program Audit required: Provisional approval granted:

Direct Costs Estimate	Coordination days at \$350/day	SME days at \$275/day	Sub Total
1 Application Fee	-	-	350 or PAID
2 Curriculum Review excluding expenses			
3 Site Visit excluding travel and expenses			
4 Program Audit excluding travel and expenses			
TOTAL			\$