



# 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

This form is used to register apprentices and sponsors for any ITA Program except Youth Work In Trades.

## 1 APPRENTICE INFORMATION

ITA Individual ID # (leave blank for new registrations)		Program (Trade) Name	
<input type="text"/>		<input type="text"/>	
Legal First Name	Legal Middle Name (s)	Legal Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Gender:		
<input type="text"/>	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer		
Mailing Address			
<input type="text"/>			
City	Province	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Secondary Phone Number	Email Address	
(   )	(   )	<input type="text"/>	
Do you self-identify as an Indigenous person?		If you were registered in another province in a Red Seal trade your results can be assessed for transfer. Please indicate the province to be contacted:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		Province: <input type="text"/>	ID # <input type="text"/>

## 2 APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT

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.

Please Check

**The ITA may provide my contact information to ITA-approved training institutions so they may notify me of scheduled training courses. I understand notification may not be sent for all courses in my trade. You can withdraw your consent at any time by contacting ITA at 778-328-8700 or customerservice@itabc.ca**

### COLLECTION NOTICE

Your personal information is being collected under sections 26, 32 and 33 of B.C.'s *Freedom of Information and Protection of Privacy Act*, for the purposes of your participation in B.C.'s trades training and apprenticeship system, and where applicable the Interprovincial Red Seal program, including: planning, delivering, researching and evaluating apprenticeship programs; assisting in the promotion of apprenticeship and certification programs; identifying persons for the purpose of financial awards; and, identifying persons for targeted correspondence (e.g., surveys, statistics, consultations) related to their trade(s) or their involvement in apprenticeship training. In addition, your personal information may be shared for the purposes as noted above with other Canadian jurisdictional apprenticeship bodies, your sponsor(s), educational institutions, training providers, regulatory authorities, and municipal, provincial and federal governments where the information is required for them to fulfill their legal responsibilities or manage apprenticeship-related programs. If you have any questions about the management of your personal information, please contact ITA's Manager, Privacy and Information Management by email at [privacy@itabc.ca](mailto:privacy@itabc.ca) or by phone at 778-328-8700 or 1-866-660-6011.

**By signing this form, you represent and warrant that all information you provide to ITA is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.**

Apprentice Signature

Date: (MM/DD/YYYY)



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### 3 SPONSOR INFORMATION

Name of Organization

Organization ID # (leave blank for new registration)

Mailing Address

City

Province

Postal Code

Email Address

Phone Number and Extension

Fax Number

Name of Authorized Staff (First & Last Name)

Date of Birth (MM/DD/YYYY)

ITA Individual ID # (if already registered)

### 4 SPONSOR RESPONSIBILITIES AND DECLARATION

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

1. 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;
2. Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
3. Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program; and
4. 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.



**Work-Based Training hours should be reported to ITA on a quarterly basis.**

**By signing this form, you represent and warrant that all information you provide to ITA is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.**

**Sponsor Signature**

**Date: (MM/DD/YYYY)**