

Alternate or Temporary Address

Mailing Address

Community

Territory/Province

Postal Code

Telephone
()**Communication Preferences**I prefer receiving my information in: English FrenchLanguage(s) spoken: English French Inuktitut Inuinnaqtun OtherLanguage(s) written: English French Inuktitut Inuinnaqtun Other**4 - EDUCATION AND TRAINING**Are you currently attending a Nunavut high school? Yes No

Previous certifications in this trade

-
- Apprentice (regular route) or
-
-
- NEAT (Nunavut Early Apprenticeship Program)
-
-
- Pre-Apprenticeship Program
-
-
- NAC's Pre-Trades course or Trades Access course
-
-
- Certificate of Diploma courses in Trades Training

Name of High School
(currently attending or most recently attended)

Last year attended

--	--	--	--	--	--	--	--

YYYY-MM

Address

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Please indicate the highest grade level completed:

NUNAVUT TRADES ENTRANCE EXAM:Have you written a Nunavut Trade Entrance Exam Yes NoLevel of TEE 1 2 3 4 5

Date written:

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YYYY-MM-DD

Location

Results

 Pass Fail

Overall Mark

%

Previous Trades Training after High School NOT including Apprenticeship Training

COURSE OR PROGRAM	INSTITUTION	LOCATION	DATE STARTED (YY - MM)	DATE COMPLETED (YY - MM)	CERTIFICATE / DIPLOMA ETC. OBTAINED								
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All sections are mandatory - Place a dash or line through boxes that do not apply to you.

PREVIOUS APPRENTICESHIP & TRADE CERTIFICATION INFORMATION:

Have you been enrolled in an apprenticeship program in another province or territory? Yes* No*

**If "Yes", please complete this section, if "No" please go to the next page.*

PREVIOUS CERTIFICATIONS

TRADE			
APPRENTICESHIP COMPLETED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
YEAR ENROLLED	<input type="text"/>	<input type="text"/>	<input type="text"/>
YEAR COMPLETED	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEVEL COMPLETED			
PROVINCE/TERRITORY			
JOURNEYMAN CERTIFICATE NO.			
DATE OF ISSUANCE (YY- MM-DD)	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROVINCE OF ISSUANCE			
RED SEAL / IP CERTIFICATE NO.			
DATE OF ISSUANCE (YY- MM-DD)	<input type="text"/>	<input type="text"/>	<input type="text"/>
PROVINCE OF ISSUANCE			

Please attach a 'certified true copy'* of all supporting documentation (ex. trade certificate, diploma, credential or transcript) to your application. (* A certified copy that is a copy certified to be an exact copy of the original. A lawyer or a notary public or Commissioner of Oath can do this for you.)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

5 - WORK EXPERIENCE / EMPLOYMENT HISTORY

Applicant's Work Experience in the Trade.

Willingness to Move:

Are you willing to move for employment? Yes No

Are you willing to move for training? Yes No

EMPLOYMENT HISTORY (PLEASE LIST MOST RECENT FIRST)

Business Name

Business Mailing Address

Community

Territory/Province

Postal Code

Business Telephone
()

Business Fax
()

Contact Person

Position / title of contact person:

Date Started

YYYY-MM-DD							

Date Finished

YYYY-MM-DD							

Total Months

Total Hours

Duties

Type of employment

Full-time Full-time seasonal Part-time Other: _____

Business Name

Business Mailing Address

Community

Territory/Province

Postal Code

Business Telephone
()

Business Fax
()

Contact Person

Position / title of contact person:

Date Started

YYYY-MM-DD							

Date Finished

YYYY-MM-DD							

Total Months

Total Hours

Duties

Type of employment

Full-time Full-time seasonal Part-time Other: _____

6 - APPLICANT CONSENT TO DISCLOSE INFORMATION ON FILE

I, _____
PLEASE PRINT YOUR FULL NAME

understand that to administer, monitor and evaluate my apprenticeship training, the Apprenticeship Unit may need to obtain and provide personal information about me to:

- My sponsoring employer.
- Other Government of Nunavut Departments such as Family Services or Economic and Social Development Canada to assist in obtaining financial support.
- The Workplace Safety and Health Branch, the Employment Standards Branch, Labour Standards Compliance Office - Department of Justice, Department of Executive and Intergovernmental Affairs and the Community and Government Services (CGS) to administer and enforce workplace legislation.
- Accredited training providers that provide technical training to me.
- Transport Canada for program audit and/or licensing purposes
- Government officials responsible for apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the Nunavut Apprenticeship program.
- Canadian Council of Directors of Apprenticeship (CCDA) and Human Resources and Skills Development Canada (HRSDC) officials to administer the Interprovincial Standards Red Seal Program and /or to confirm my status as a Red Seal program client listed in the Interprovincial Computerized Examination Management System (ICEMS) database.
- Groups, organizations or associations for general trade-related correspondence, or to be considered for an honour or award.
- Employers or employer groups seeking to hire or work with apprentices.
- Employers and associations related to awards that I may be eligible for, for the purpose of recognition.
- I also agree that the Department of Education may identify me by name, course of study, and such other identifying information as class year, graduation date, hometown, etc. for the media for purposes of celebrating accomplishments

Note:

- You may withdraw your consent at any time but must do so in writing to your nearest Nunavut Department of Family Services office.
- Your consent is voluntary. If you do not give your consent, it will not stop your application from being considered or stop your participation in an apprenticeship program. However, it may restrict your ability to receive an award recognizing your achievement as an apprentice or from being considered for a scholarship.
- Sign and date your consent to disclose personal information.
- Under the authority of the Statistics Act (Canada), the Nunavut Apprenticeship Unit shares identifying personal information with Statistics Canada to conduct statistical surveys with individuals. Reports and information produced by Statistics Canada from these surveys do not identify any individual or individuals. The Apprenticeship Unit may share non-identifying bulk information with Statistics Canada and other Canadian provinces and territories to maintain national statistics and records.

I authorize the Nunavut Apprenticeship Unit and these persons and entities to share such personal information about me as may be necessary for these purposes.

Signature of Apprentice

Date (YYYY-MM-DD)

Parent/Guardian's Signature
(if Apprentice is under age 19)

Date (YYYY-MM-DD)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Apprenticeship Application EMPLOYER INFORMATION

7 - EMPLOYER INFORMATION (TO BE COMPLETED BY EMPLOYER)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

Legal name of business										
Operating name of business										
Mailing Address										
Community	Territory/Province	Postal Code								
Business Telephone ()	Business Fax ()	Business Cell ()								
Contact Person		E-mail Address								
What date did the applicant begin to work in this trade for your business (yy-mm-dd)?		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>								
Has the applicant's employment been continuous since that date? <input type="checkbox"/> Yes <input type="checkbox"/> No										

SUPERVISING JOURNEYPerson (SJP)

Name	
Trade	
Certificate Number	
Province / Territory	
Postal Code	

Reminder : Please attach a copy of SJP's certificate.

WAGES

Please indicate the lowest pay rate for a newly certified journeyperson your firm would normally use in this trade:

\$ _____ / h

Is your application related to any special project? Yes No

Agnico Eagle
 Baffin Land Mines
 New 2013 Housing Project
 Iqaluit Airport Project
 Other: _____

Details
