

Trade Qualifier (TQ)

APPLICATION FORM

NOTES ON INFORMATION TO BE ENTERED IN THE APPLICATION FORM

Note: The incomplete applications will not be processed until all the required information is provided by the Applicant.

RADE
Please indicate the name of the trade in which you wish to challenge the TQ exam
PPLICANT PERSONAL INFORMATION
Please provide answers to all questions in this section, some information is collected for statistical reporting purposes Please indicate the best method to contact you
REVIOUS CERTIFICATION AND TRAINING
Please submit a copy your valid recognized credentials for your previous formal technical trades training (transcripts, course completion certificates, trades certifications/certificate and diploma programs).
completion certificates, trades certifications/certificate and diploma programs).

APPLICANT CONSENT TO DISCLOSE INFORMATION ON FILE

Why personal information is collected:

- In this section, we ask you to give us your consent to disclose the personal information you provide on the application form.
- 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 a Trade Qualification (TQ) Program. However, it may restrict your ability to receive awards recognizing
 your achievement as a Trade Qualifier.
- You may withdraw your consent at any time but must do so in writing to the Department of Family Services' office in your region.

The Apprenticeship Unit will collect and use the personal information on this application for the following:

- To administer and monitor your Apprenticeship training and ensure compliance with *The Nunavut Apprenticeship, Trade and Occupations Certification Act and the Regulations under the Act.*
- To verify information submitted on an application so that the Trade Qualification can be registered.
- To administer and participate in trade certification and information programs, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA).
- To plan, research and evaluate programming with technical training institutions; your contact information may be provided to the technical training institute in advance to assist with the provision of orientation materials

Personal information and personal health information is protected by The Access to Information and Protection of Privacy Act of Nunavut. Any other use and disclosure of personal information or personal health information by the Apprenticeship Unit must be authorized by the Apprentice or authorized under these Acts.

Please direct any questions or concerns to the Apprenticeship Unit, Adult Learning Services:

- The Apprenticeship Unit in Igaluit at (867) 975 7920, or the
- Supervisor of Apprenticeship and Occupations at (867) 975-5658.



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I - INADE							
Applying for TQ exam for which trade							
2 - PERSONAL INFORMATION	ON						
☐ Mr. ☐ Ms. ☐ Mrs.							
Last Name		First Name					
Former last name (if applicable)		Middle Nan	ne				
Gender	Birth - YY-MM-DD		;	Social Insuranc	e Number		
Aboriginal Identity: ☐ Inuit ☐ First Nations ☐ Metis ☐ Non-Native ☐ Person Identifying with More than One Group ☐ Unknown							
Inuit Land Claims Beneficiary : ☐ Yes ☐	Inuit Land Claims Beneficiary : ☐ Yes ☐ No						
Are you a member of any of the following groups? (Optional) - Disability or activity limitations ☐ Hearing Impaired ☐ Vision Impaired ☐ Wheel Chair Access ☐ None ☐ Unknown ☐ Person with More than One Disability or Active Limitation							
3 - CONTACT INFORMATIO	N						
Best method to contact me is: ☐ Telephone	□ Email □ Mail						
Permanent Mailing Address							
Mailing Address							
Community	Territo	ry/Province		P	ostal Code		
Telephone (Home)	Telephone (Work)						
Telephone (Cell)	Email Address	Email Address					
Alternate or Temporary Address	1						
Mailing Address							
Community	Territory/Province		Postal Code		Telephone ()		

Communication Preferences
I prefer receiving my information in: ☐ English ☐ French
Language(s) spoken: ☐ English ☐ French ☐ Inuktitut ☐ Inuinnaqtun ☐ Other
Language(s) <u>written</u> : ☐ English ☐ French ☐ Inuktitut ☐ Inuinnaqtun ☐ Other
4 - PREVIOUS APPRENTICESHIP & TRADE CERTIFICATION INFORMATION
Do you hold a Certificate of Qualification issued by a Province or Territory of Canada? Yes No
Previous certifications in this trade
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.)
Do you hold a Certificate of Qualification in a related trade? Yes* No
*If "Yes", please name the trade and attach a copy of the certificate.
Previous certifications in a related trade
Have you completed an apprenticeship in this trade? ☐ Yes* ☐ No *If yes, please attach documentation.
Have you attended technical courses in this trade? Yes* No You may be eligible for time credit for accredited courses. Please attach transcripts, completion certificates and certificate(s) of competency.
Important Attachments
Please attach the following documentation to support this application. (Note: If the applicant has a Certificate of Qualification from another jurisdiction without a Red Seal they may attempt the Interprovincial Examination without the following documentation. Nunavut Apprenticeship Unit may conduct follow up/authenticity checks on all submitted Certificate of Qualifications)
Attach a Letter of Support from current and past employers stating that work is at journeyperson level. A template of such support letter would be available from the CDO's office. (This company should be one past employer in the trade in question.) Each support letter also should be signed by a certified journeyperson working in the same trade and for the same company. The copy of the journeyperson's trade certificate should be attached with the support letter.
☐ Attach at least one letter of support from a journeyperson in applicable trade indicating that applicant is working at journeyperson level. This journeyperson may be the current employer or a journeyperson that is familiar with quality of applicant's work. If it is impossible to get letter from journeyperson, a letter from a project officer or client may be acceptable.
☐ Attach a current resume, including: a list of projects/activities; location, dates and duration of employment; list of relevant courses.
□ Verification of Trades Experience (VTE) Forms: These VTE forms should detail the work experience listed on the resume in the applicable trade during the past ten years. 80% off all time verified must be from employment or from approved technical training courses. The remaining 20% can be from self-employment. The Verification of Trades Experience Forms are available from the regional Career Development Officers.
☐ Copies of all applicable certificates previously obtained. (Noted in the top half of application form.)

APPLICANT CONSENT TO DISCLOSE INFORMATION ON FILE

	Ι, _	
		PLEASE PRINT YOUR FULL NAME
		d that to administer, monitor and evaluate my apprenticeship training, the Apprenticeship Unit may need and provide personal information about me to:
	•	My sponsoring employer.
	•	Other Provincial and Territorial Government Education Branches and Human Resources and Skills Development Canada (HRSDC).
	•	The Workplace Safety and Health Branch, the Employment Standards Branch, Department of Justice Labour Services, 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 Employment and Social Development Canada (ESDC) 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 and associations related to awards that I may be eligible for, for the purpose of recognition.
e:		
		may withdraw your consent at any time but must do so in writing to your nearest Nunavut artment of Family Services office

Not

- 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 a Trade Qualification program. However, it may restrict your ability to receive an award recognizing your achievement as a Trade Qualifier.
- 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 purpo	ses.
Signature of TQ Applicant	Date (YYYY-MM-DD)

APPRENTICESHIP UNIT: OFFICE USE ONLY
Name of TQ Applicant
TRADE EXAMINING BOARD
Request to challenge Red Seal Exam: Approved Rejected
Reason(s) Given:
Authorizing Signature:
EXAMINATIONS
Date of Written Examination (YY-MM-DD):
Practical Exam (if applicable):
Time Credit Approved:
TQ REGISTRATION AND CERTIFICATE ISSUANCE
Date of Review (YY-MM-DD)
Certificate - Date of Issuance (YY-MM-DD)
Certificate Number
Name of the Case Managing CDO/ATO
Date of Registration :TQ case registered at the office of the Registrar of Apprenticeship on the day of, 20
Name of Registrar Signed by Registrar of Apprenticeship Programs
SPECIAL CONDITIONS
FINAL APPROVAL
Degistered at the office of the Cureniser of Apprenticeable on the day of
Registered at the office of the Supervisor of Apprenticeship on the day of, 20
Signature of Supervisor of Apprenticeship Date