

APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Mandatory fields are indicated in **BOLD**. Missing information may delay the registration process. Return completed form to ITA Customer Service (email, fax or mail).

Please indicate the purpose of your request:

New Registration Yes No **Change Contact Info** Yes No **Change Program** Yes No **Change Sponsor** Yes No

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 (MMM,DD,YYYY):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Suite Number:	Mailing Address:		
City:	Province:	Postal Code:	
Phone Number: ()	Secondary Phone Number: ()	Fax Number: ()	
How do you want to receive updates from the ITA? <input type="checkbox"/> Email <input type="checkbox"/> Mail Email Address:		Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>	
PEN Number: Note: PEN and Graduation required if you are an SSA or ACE IT apprentice.		High School Graduation Date (MMM,DD,YYYY): (If you have not yet graduated, please enter your expected graduation date)	

B. Sponsor Information

Name of Organization:		Organization ID # (if already registered):	
Preferred Channel of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail Email Address:		Secondary Email Address:	
Suite Number:	Mailing Address:		
City:	Province:	Postal Code:	
Union: <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Number and Extension: ()	Fax Number: ()	
Contact Person: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Name :		ITA Individual ID# (if already registered):	

Apprentice Registration Form continues...

Responsibilities of Sponsor:

The Sponsor hereby acknowledges the responsibility to:

- Ensure the *Apprentice* receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or equivalent), 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*;
- Recommend the *Apprentice* for certification; the *Apprentice* has met the established standards for that program and is performing at the level of a Certified Tradesperson in the trade.

Responsibilities of Apprentice:

The *Apprentice* hereby acknowledges the responsibility to:

- Complete the required work-based training and practical experience as assigned by the *Sponsor*;
- Complete the required *Technical Training*;

- Meet any additional requirements of the *Industry Training Program* as outlined in the *Industry Training Program Profile*.

Certification and authorization for collection, use, and disclosure of personal information inside or outside Canada:

I certify that the information I (as apprentice, sponsor, or employer) have provided is accurate. In accordance with the Freedom of Information and Protection of Privacy Act, I authorize the Industry Training Authority to use and disclose the personal information I have provided on this form, as well as any further information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation, and certification. I authorize the Industry Training Authority to disclose my personal information for the above purposes to other agencies and ministries of the provincial and federal governments, and to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers, and agencies, whether located inside or outside Canada. I also authorize the Industry Training Authority to make the status of my certification and apprenticeship publicly available. (Note: If you have any question about your personal information, contact a Client Service Representative at Industry Training Authority Customer Service at 1.866.660.6011.

Apprentice's Signature:	Date (MMM,DD,YYYY):
Sponsor's Signature:	Date (MMM,DD,YYYY):