SHEET METAL WORKERS TRAINING CENTRE SOCIETY

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SHEET METAL INDUSTRY TRAINING BOARD

APPLICATION FORM

Part 1: Statistics	Date:
Last Name:	
First Name:	
Middle Initial:	

Mailing Address:		Phone:
City:	Postal Code:	Cell/Pager
Who referred you to this Board?	E-mail:	
SIN#	Date of Birth (MM/DD/YYYY):	

Part 2: Education
Did you attend BCIT's Sheet Metal **Foundation** Program?   ☐ **Yes**   ☐ **No**
Final completion date of the Foundation Program(MM/DD/YYYY):

Are you a certified **Welder**(Please circle Level): C B A	Name of Institution:

Last Grade Attended (Please provide Transcript): **Grade**:   **Year**:   **High School**:   **GED**:

Name of School:	City/Province:

Did you attend any of the following programs: (If Applicable)

SSA Program: ☐ Yes ☐ No	Institution Name:	Year:
ACE-IT: ☐ Yes ☐ No	Institution Name:	Year:

Other:

Part 3: Work Experience

If you are presently a Sheet Metal Apprentice, please complete the following:

Apprentice#:	Province:
Start Date:	Expiry Date:
Present Employer:	Previous Employer:

Work History			
Employer Name	Type of Work	Start Date	End Date

Part 4: General

Why do you think you would like to serve an apprenticeship and become a journeyperson?

_____

_____

Are you legally entitled to work in Canada?	☐ Yes ☐ No

Do you think that you can meet the physical demands of the trade and/or would you like to advise the Board of any duties that you would not be able to perform?

_____

Are you willing on your own time to attend any meeting set up by this Board?	☐ Yes ☐ No
Do you realize that there is no guarantee of stable employment?	☐ Yes ☐ No
Do you know what your starting wage will be if accepted?	☐ Yes ☐ No
Have you ever made application for any apprentice training?	☐ Yes ☐ No

What trade?   _____

What date?   _____

What location? _____

If my application is accepted, I agree to comply with all rules and regulations as adopted by the Sheet Metal Industry Training Board.

_____   _____

 Signature   **If under 19**, Signature of Parent/Guardian

FOR OFFICE USE ONLY

SHEET METAL INDUSTRY TRAINING BOARD
SHEET METAL WORKERS TRAINING CENTRE SOCIETY
Consent by Applicant to Collect, Share & Access
Information

I acknowledge that the information and documentation collected may be used to process my application to become a pre-apprentice; also for indenture to the Sheet Metal Industry Training Board and assignment to technical training sessions at the Sheet Metal Workers Training Centre Society.

I authorize representatives of the Sheet Metal Industry Training Board/Sheet Metal Workers Training Centre Society to share information pertinent to my apprenticeship with the Sheet Metal Workers International Union and Local 280, the Industry Training Institute (ITI), Health Benefits office, signatory sheet metal contractors, Employment Insurance and the Industry Training Authority. Such information may include my name, address, phone number, birth date, SIN (for payroll purposes or for EI), government issued apprenticeship and Trades worker ID numbers, school results and any apprenticeship information that is required to complete my apprenticeship.

I also authorize representatives of the Sheet Metal Industry Training Board/Sheet Metal Workers Training Centre Society to sign, on my behalf, any documents pertaining to my apprenticeship which may be required to set up, maintain and close my records until such time as I complete or leave the apprenticeship program.

All inquiries regarding collection, sharing and retention of personal information should be directed to Jud Martell, Training Co-ordinator at 604-882-7680.

_____   _____
Date   Signature

                                                               _____
                                                               Print Name