

ADVISORY/EXAM COMMITTEE AND ACCREDITATION TEAM APPLICATION FORM

Personal Information									
First Name:			Last Name:						
Mailing Address:			City/Town:						
Postal Code:		Cell Phone #:		Home Phone #:					
Email:				French Language: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Trade:			JP Certificate Number:						
Committee applying for (can select more than one):									
<input type="checkbox"/> Provincial Trade Advisory Committee (choose one position from the four below) <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Employer Representative</td> <td><input type="checkbox"/> Public College Representative</td> </tr> <tr> <td><input type="checkbox"/> Employee Representative</td> <td><input type="checkbox"/> Private College Representative</td> </tr> </table>						<input type="checkbox"/> Employer Representative	<input type="checkbox"/> Public College Representative	<input type="checkbox"/> Employee Representative	<input type="checkbox"/> Private College Representative
<input type="checkbox"/> Employer Representative	<input type="checkbox"/> Public College Representative								
<input type="checkbox"/> Employee Representative	<input type="checkbox"/> Private College Representative								
<input type="checkbox"/> Examination Committee									
<input type="checkbox"/> Program Accreditation Team									
Employment Information									
Employment Status : <input type="checkbox"/> employee <input type="checkbox"/> employer / manager <input type="checkbox"/> self-employed <input type="checkbox"/> instructor <input type="checkbox"/> retired									
What is your job title?									
Business Name:									
Mailing Address:				Postal Code:					
Work Phone #:			Cell Phone #:						
Email address:									
Are you working "on the tools"?		When receiving mail, which address do you want used?		Do you have the support of your employer to serve as a committee member?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Trade Experience									
Total years worked in the trade: _____			Accumulated experience for each category below (if applicable)						
Industrial	Residential	Commercial	Maintenance	Instructor	Other				
____ Years	____ Years	____ Years	____ Years	____ Years	____ Years				
Declaration									
I declare that, to the best of my knowledge, the information provided in this application is true and complete in all respects and that I have not withheld any relevant information. I authorize the Apprenticeship & Trades Certification Division, Standards and Curriculum Section to contact individuals as required to verify my certification and / or work experience. Information collected is protected by the provisions of the <i>Access to Information and Protection of Privacy Act (2002)</i> .									
Signature of applicant:				Date:					

- Divisional staff will make contact with the applicant to verify eligibility for membership, review the roles and responsibilities of the Committee, and confirm interest.
- Appointments are for a three-year term and may be renewed.
- Names of all screened and approved applicants are kept in a database for future consideration.