

## Apprentice Application - Apprenticeship Wage Subsidy Program

### Section A – Personal Information

Surname	Given Name	Middle Name
Permanent Address		
City/Town	Province	Postal Code
Mailing Address (if different from above)		
Telephone No. (include area code)	2 <sup>nd</sup> Contact Telephone No. (Landline, relative, etc.)	
Email	Gender   Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/>	
Social Insurance Number	Date of Birth (YYYY-MM-DD)	

### Section B – Eligibility

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you employed in your trade? <input type="checkbox"/> Yes <input type="checkbox"/> No												
If yes, Employer's Name and Contact Telephone Number													
When did you complete your apprenticeship training program? Year:	Apprenticeship Number (if applicable)												
What was the program (trade)?													
<table border="0"> <tr> <td>Highest level of program (trade) completed or in-progress</td> <td><input type="checkbox"/> Pre-Apprenticeship (entry-level program)</td> <td><input type="checkbox"/> 1<sup>st</sup> Year</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 2<sup>nd</sup> Year</td> <td><input type="checkbox"/> 3<sup>rd</sup> Year</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 4<sup>th</sup> Year</td> <td><input type="checkbox"/> Other</td> </tr> </table>		Highest level of program (trade) completed or in-progress	<input type="checkbox"/> Pre-Apprenticeship (entry-level program)	<input type="checkbox"/> 1 <sup>st</sup> Year		<input type="checkbox"/> 2 <sup>nd</sup> Year	<input type="checkbox"/> 3 <sup>rd</sup> Year		<input type="checkbox"/> 4 <sup>th</sup> Year	<input type="checkbox"/> Other			
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	<input type="checkbox"/> 4 <sup>th</sup> Year	<input type="checkbox"/> Other											
Have you applied/currently in receipt of Employment Insurance—Regular Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Have you had an Employment Insurance claim that ended in the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Have you had an Employment Insurance claim (maternity or parental) that began within the last 60 months and you are re-entering the workforce after having left it to care for a newborn or adopted child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Have you applied for or are currently in receipt of Income Support? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<table border="0"> <tr> <td>Highest Level of Education</td> <td><input type="checkbox"/> Less than high school</td> <td><input type="checkbox"/> High school graduation/GED</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Some post-secondary</td> <td><input type="checkbox"/> College graduation</td> </tr> <tr> <td></td> <td><input type="checkbox"/> University certificate</td> <td><input type="checkbox"/> University diploma</td> </tr> <tr> <td></td> <td><input type="checkbox"/> University degree</td> <td></td> </tr> </table>		Highest Level of Education	<input type="checkbox"/> Less than high school	<input type="checkbox"/> High school graduation/GED		<input type="checkbox"/> Some post-secondary	<input type="checkbox"/> College graduation		<input type="checkbox"/> University certificate	<input type="checkbox"/> University diploma		<input type="checkbox"/> University degree	
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	<input type="checkbox"/> University certificate	<input type="checkbox"/> University diploma											
	<input type="checkbox"/> University degree												

Do you have a permanent physical disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Canadian citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have immigrant status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself a member of a visible minority?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if you would consider yourself in one of the following groups:	<input type="checkbox"/> Women <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other under-represented group	<input type="checkbox"/> Youth <input type="checkbox"/> Disability	

## Section C – Supporting Documentation

The following must be completed to support your request. Please check that each item has been completed or to follow.

1. Diploma/Certificate for pre-employment training	<input type="checkbox"/> Completed <input type="checkbox"/> To Follow
2. Documentation to support request for additional costs for disability supports (if applicable)	<input type="checkbox"/> Completed <input type="checkbox"/> To Follow
3. Client Consent and Exchange of Information form	<input type="checkbox"/> Completed <input type="checkbox"/> To Follow
4. Have you identified an employer willing to hire you as an apprentice? Note: Apprentices are not required to have an employer identified to submit an application.	<input type="checkbox"/> Completed <input type="checkbox"/> To Follow
If yes, provide employer name and contact telephone number	
Have you accumulated any hours with the employer you have identified? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Note:** Prior to submitting this application to the Department, you must contact an Apprenticeship Program Officer with the Apprenticeship and Trades Certification Division to begin the verification process of your eligibility for the program. Refer to the attached Information/Verification Sheet.

## Section D – Declaration

I declare that:

- a) I have read and understood the information provided in this application package;
- b) The information I have provided to the Province in this application and supporting documentation is true, accurate and complete in every respect;
- c) I am in an apprenticeable trade and will sign a Memorandum of Understanding with an employer.

Name of Applicant (please print)	Date (YYYY/MM/DD)
Signature of Applicant	

AWS-AP (02-17)

Click: [ApprenticeshipAES@gov.nl.ca](mailto:ApprenticeshipAES@gov.nl.ca)  
Call: Telephone: 1-800-563-6600  
Come In: IPGS Locations  
<https://www.gov.nl.ca/ipgs/department/contact-emp/>

Si vous avez besoin d'aide en français, s'il vous plaît appelez 1-800-563-6600

## Information/Verification Sheet

Prior to submitting the application for the Apprenticeship Wage Subsidy program, the applicant is required to contact the Apprenticeship and Trades Certification Division to begin the verification process of eligibility for the program, which includes:

- Ensuring logged hours are up to date with the Department of Immigration, Population Growth and Skills
- Obtaining a transcript of marks
- Verification of the apprenticeship level attained and the required number of hours needed to progress to the next level within your trade

Please contact the Apprenticeship Program Officer responsible for your region of the province as follows:

<b>Department of IPGS: 1-877-771-3737</b>		
<b>Avalon</b>	<b>Central</b>	<b>Western and Labrador</b>
Apprenticeship Program Officer:  Curtis Skiffington Tel: (709) 466-5676 Fax: (709) 466-3987 <a href="mailto:curtisskiffington@gov.nl.ca">curtisskiffington@gov.nl.ca</a>	Apprenticeship Program Officer:  Llewelyn LeRiche Tel: (709) 292-4256 Fax: (709) 292-4502 <a href="mailto:llewelynleriche@gov.nl.ca">llewelynleriche@gov.nl.ca</a>  Curtis Skiffington Tel: (709) 466-5676 Fax: (709) 466-3987 <a href="mailto:curtisskiffington@gov.nl.ca">curtisskiffington@gov.nl.ca</a>	Apprenticeship Program Officer:  Curtis Skiffington Tel: (709) 466-5676 Fax: (709) 466-3987 <a href="mailto:curtisskiffington@gov.nl.ca">curtisskiffington@gov.nl.ca</a>

The information below must be completed by the Apprenticeship Program Officer and submitted to the Department before your application for the Apprenticeship Wage Subsidy Program will be assessed.

APO Official Use Only	
Apprentice Name	Trade
<input type="checkbox"/> Logged hours up to date	<input type="checkbox"/> Transcript of marks provided
Current apprenticeship level	Number of hours needed to progress to next apprenticeship level
APO verification/signature	Date completed

### Consent - Collection, Use and Disclosure of Personal Information

**Collection:** Personal information provided with your intake form / application for funding is collected under authority of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015), Employment Insurance Act of Canada, Income and Employment Support Act and Regulations, and will only be used for the administration of the service or benefit for which you are applying or for a consistent purpose under section 69 of *ATIPPA, 2015*.

**Use:** The personal information collected will only be used and/or disclosed in accordance with ATIPPA, 2015. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement including post funding assessment of outcomes as per the information sharing agreement referenced between the Government of Canada and the Government of Newfoundland and Labrador funded by the Department of Immigration, Population Growth and Skills and to provide statistical information to agencies providing funding support to the services offered.

**Disclosure:** The personal information provided may be exchanged and released to any person, agency or government departments, such as Immigration, Population Growth and Skills; Children, Seniors and Social Development; and Health and Community Services, service provider organizations or training institution that is administering the program, service or benefit. This information may include: contact information, employment plan, eligibility for employment insurance benefits, marks, attendance and proof of financial payments to the training institution. The personal information provided may also be shared with the Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions outlined in agreements between the Government of Newfoundland and Labrador and the Government of Canada.

**Access to Information and Protection of Privacy Act, 2015:** Under ATIPPA, 2015 personal information is protected in accordance with section 64.(1); you have the right to access your personal information protected in accordance with section 8.(1); and you have the right to request the correction of your personal information protected in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Immigration, Population Growth and Skills.

If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator of the Department of Immigration, Population Growth and Skills. A listing of all departmental coordinators and their contact information can be found at: [www.atipp.gov.nl.ca/info/coordinators.html](http://www.atipp.gov.nl.ca/info/coordinators.html).

**Client Consent:** I, (print name) \_\_\_\_\_ acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

**Spouse Consent:** I, (print name) \_\_\_\_\_ acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

**Parent, Guardian or Trustee Consent:** I, (print name) \_\_\_\_\_ (Parent, Guardian or Trustee) acknowledge that I have read and understand the above information regarding the collection, use and disclosure of information regarding my dependent. Print name of dependent: \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Parent, Guardian or Trustee

\_\_\_\_\_  
Date (dd/mm/yyyy)