

MEMORANDUM OF UNDERSTANDING (MOU)

The **Apprentice** and **Employer** must complete and sign **Parts A & B** of this MOU and **return** it to the **Apprenticeship and Trades Certification Division (ATCD), Industrial Training Section**, for final approval.

By signing this MOU, the **ATCD** will:

- ensure that the applicant is **registered** as an apprentice (for new applicants);
- ensure that the information for a **new employer** is recorded (for registered apprentices);
- ensure that all **completed documentation** is recorded in the apprentice's file; and
- assign an **Apprenticeship Program Officer (APO)** to the apprentice's file to establish and maintain a relationship with the employer and apprentice to ensure that all abide by the **terms of this MOU**.

All fields are MANDATORY and must be completed. Incomplete MOUs will be returned.

CHECK ONE →

New Application

Change of Employer

PART A (The Apprentice):

Upon signing this MOU, the **apprentice agrees to:**

- submit this completed **MOU** and the [Apprenticeship Application](#) to the **ATCD** when **starting a job in their trade** for the **first time**;
- submit this completed **MOU** to the **ATCD** each time there is a **change in employer**;
- attend **apprenticeship training** when called by the **ATCD**;
- complete all **apprenticeship training** and acquire the **workplace skills** and **hours** as outlined in the [NL Provincial Plan of Training](#) for their trade;
- have their **hours** and **workplace skills verified** in their Apprenticeship **logbook** by the employer and certified supervising journey person;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the [NL Provincial Plan of Training](#).

Trade	First Name	Middle Name	Last Name
Apprenticeship Registration No.:	Telephone	Cell Phone	Email
(Check box if not registered)			
P.O. Box and/or Street Address	City or Town		Province Postal Code

I, the Apprentice, agree to attend apprenticeship training when it is available, and I agree to the terms and conditions as outlined in this MOU for apprentices.

 Apprentice's Signature

____ / ____ / ____
 Day Month Year

PART B (The Employer):									
<p>Upon signing this MOU, the employer agrees to:</p> <ul style="list-style-type: none"> have a certified supervising journeyperson on staff in the same trade. The certification must be recognized by the ATCD; provide high quality work experiences; confirm the hours worked and record them in the Apprentice's logbook; have the workplace skills verified in the Apprentice's logbook by the certified supervising journeyperson; pay apprentices a wage as per relevant collective agreements or as set out in the NL Provincial Plan of Training; release and encourage apprentices to attend apprenticeship training; follow the Conditions Governing Apprenticeship Training as outlined in the NL Provincial Plan of Training. 									
Company Name						9-digit CRA No.			
Name of Company Representative			Email			Direct Phone Number			
P.O. Box and/or Street Address			City or Town		Province		Postal Code		
Fax Number		Apprentice's Trade		Apprentice's Date of Hire					
				<div> <div></div> <div>/</div> <div></div> <div>/</div> <div></div> </div> <div>Day Month Year</div>					
Name of Supervising Journeyperson		Certificate of Qualification No.		Date of Issue			Issuing Province		
				<div> <div></div> <div>/</div> <div></div> <div>/</div> <div></div> </div> <div>Day Month Year</div>					
Number of apprentices in this trade in your employ:				Number of certified journeypersons in the trade in your employ:					
<p>I, the employer, agree to release this apprentice to attend apprenticeship training when it is available, and I agree to the terms and conditions outlined in this MOU for employers.</p>									
<div> <div></div> <div>Employer's Signature</div> </div>						<div> <div></div> <div>/</div> <div></div> <div>/</div> <div></div> </div> <div>Day Month Year</div>			
OFFICE USE ONLY									
<div>APPROVED</div> <div>REJECTED*</div>		<div>ATCD</div> <div>OFFICIAL</div> <div>STAMP</div>		Apprenticeship Registration Number:					
				Director's Representative - APO Signature:					
				<div> <div></div> <div>/</div> <div></div> <div>/</div> <div></div> </div> <div>Day Month Year</div>					
*Reason for Rejection:									

Mount Pearl	Clarenville	Central	Western	Labrador
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