

This information is collected under the authority of the Trades Qualification & Apprenticeship Act, RSO 1990, c 17 and/or the Apprenticeship Certification Act, 1998 for the purpose of administering the apprenticeship training program.

Note: It is very important that **all** of the information requested is complete and accurate.

APPRENTICE INFORMATION

For students under 18 years of age, MTCU requires training agreements/contracts of apprenticeship include the signature of a Parent/Guardian. These students are encouraged to bring a Parent/Guardian to their Apprenticeship registration.

SIN # _____ TRADE NAME _____

Surname _____ Given Names _____

Address _____ Phone Number _____

City/Town _____ Postal Code _____

Preferred Language _____ En ___ Fr ___ Gender M ___ F ___ Date of Birth _____
Day/Month/Year

Current Grade Level Gr _____ Projected Graduation Date: Month _____ Year _____ SHSM Student? Y/N _____

SPONSOR/EMPLOYER INFORMATION

Name of Company _____

Address _____ Unit # _____

City _____ Postal code _____

Phone # _____

Contact person's name and position _____

Placement Start Date _____ Placement end date _____ a.m. ___ p.m. ___
Day/Month/Year Day/Month/Year

Student in-school dates (not at work): _____

This sponsor/employer has previously registered apprentices with MTCU? yes ___ no ___

This sponsor/employer has previously registered OYAP students? yes ___ no ___

Ministry Training Consultant Comments

BOARD/SCHOOL INFORMATION

OYAP Coordinator name _____ Phone # _____

Email address _____ Fax # _____

Teacher contact information: Teacher Name _____ Teacher Phone # _____

Teacher school _____

Parent/Guardian Signature (if required) _____