

## In-Province Apprenticeship Application

### Note

If you are transferring your apprenticeship from **another Canadian jurisdiction**, ensure all training records are up to date with your originating apprenticeship authority before relocating. You will be required to provide accurate and complete training records to the Apprenticeship & Trades Certification Division (ATCD) before approval may be given for credit.

### Previous Trade-Related Employment

To have previous work experience reviewed by an Apprenticeship Program Officer for possible credit towards your apprenticeship program, complete a [Record of Work Experiences for Trade Qualifier or Pre-Apprenticeship Credits](#) form for each employer, and submit to the ATCD **within 90 days**.

### Examination Accommodations

Where available, the ATCD will provide reasonable accommodations to candidates having physical, emotional or learning barriers. To be eligible for examination accommodations, candidates must provide supportive medical or other professional documentation to the ATCD.

The documentation must:

- be prepared and signed by a qualified professional; and
- provide information that assists in determining the accommodations required.

Will you require assistance or accommodations?

Yes

No

If **Yes**, please provide the documentation outlined above.

### Submitting Your Application

A completed Apprenticeship Application must include an **application**, a **MOU** and a copy of your **original transcript**. **Illegible or incomplete applications will not be accepted and will be returned.**

You may submit this application by **email**, **in person**, or **by mail** if you have **completed an entry-level/pre-employment program in NL OR completed high school and are applying as a Direct Entry apprentice.**

- **Complete this application**, print, scan then **email** it along with a **scanned copy** of your **entry-level/pre-employment program or high school transcript** to [ApprenticeshipOnline@gov.nl.ca](mailto:ApprenticeshipOnline@gov.nl.ca).
- **Complete this application** and submit along with an **original official copy** of your **entry-level/pre-employment program or high school transcript** by **mail** or **in person** to the nearest ATCD office.

**Do not email** this application if you are in **either** of the following categories:

- You **do not possess** a high school diploma (**\*equivalency required**).
- You are **transferring** your **apprenticeship** from **another Canadian jurisdiction** (**\*documentation required**).
- You completed a program which is **not a designated trade** in NL (**\*documentation required**).
- You have completed an **entry-level/pre-employment program** in **another Canadian jurisdiction** (**\*documentation required**).

Attach original official post-secondary transcripts OR high school equivalencies and all required documentation to this completed application then submit in person or by mail to the nearest ATCD office. \*Contact the nearest ATCD office for information on other documentation required to be submitted with your Apprenticeship Application.

### Apprenticeship and Trades Certification Contact Information

E-mail: [ApprenticeshipOnline@gov.nl.ca](mailto:ApprenticeshipOnline@gov.nl.ca)

Toll Free: 1-877-771-3737

<b>Mount Pearl</b> 1170 Topsail Road PO Box 8700 St. John's, NL A1B 4J6 P: 709-729-2729	<b>Clarenville</b> 45 Tilley's Road Clarenville, NL A5A 1Z4 P: 709-466-3982	<b>Grand Falls-Windsor</b> 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 P: 709-292-4215	<b>Corner Brook</b> 1-3 Union Street PO Box 2006 Corner Brook, NL A2H 6J8 P: 709-637-2366	<b>Happy Valley-Goose Bay</b> 163 Hamilton River Road PO Box 3014, Station B, Happy Valley-Goose Bay, NL A0P 1E0 P: 709-896-6348	<b>Wabush</b> 1D Grenfell Drive PO Box 160 Wabush, NL A0R 1B0 P: 879-382-1920
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## In-Province Apprenticeship Application

Are you applying for the **Apprenticeship Wage Subsidy**? Yes No

- If **YES**, please complete the Apprenticeship Wage Subsidy Application **prior** to completing this application:  
<https://www.gov.nl.ca/forms/eecd/apprenticeship-wage-subsidy-program-apprentice-application/>

### Applicant Information

Unless noted, **all fields are mandatory**. Incomplete applications will be returned.

**Trade:**

<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Social Insurance Number:</b>	<b>Date of Birth:</b> ____/____/____ Day      Month      Year	<b>Gender:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Male</span> <span>Other</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Female</span> </div>
<b>P.O. Box Number/ Street Address:</b>		<b>City/Town:</b>
<b>Province:</b>	<b>Postal Code:</b>	<b>Country:</b>
<b>Email:</b>		<b>Phone Number(s):</b> Home: Cell:

<b>Entry-level/pre-employment program completed:</b>	<b>Year Completed:</b>
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#### For Direct-Entry Applicants Only:

High School Completed? Yes No

If **yes**, transcript is required. If **no**, proof of equivalency is required

<b>Are you certified in another trade?</b>	<b>If Yes:</b>
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Yes</span> <span>No</span> </div>	<b>Trade:</b> _____ <b>Provincial/Interprovincial Number:</b> _____

### Consent and Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**, for the purpose of registering you as an apprentice and administering your participation in the apprenticeship and certification system.

By submitting this form, you are also providing your consent for your name, apprenticeship status and number, and, once achieved, your certification status and certificate number to be included in a public online registry. If you have any questions about the collection, use, or disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email [app@gov.nl.ca](mailto:app@gov.nl.ca).

### Applicant Declaration

I understand that my personal information and transcripts specific to my Post-Secondary Trades Training Program completed at the following training institution will be shared with and verified for accuracy by ATCD.

**Training Institution and Campus Location:** \_\_\_\_\_

I Agree      I Do Not Agree      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.**

Your Application for Apprenticeship will be returned if this MOU is INCOMPLETE.

### 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;
- complete all required **examinations** for the trade as prescribed by the ATCD, and adhere to ATCD's [Exam Misconduct Policy](#) for all **examinations**;
- have their **hours** and **workplace skills verified** in their Apprenticeship **logbook** by the employer and certified supervising journeyperson;
- 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:
P.O. Box and/or Street Address:			City or Town:		Province: Postal Code:

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**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):**

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

- 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 Name:	Apprentice's Trade:	Apprentice's Date of Hire: ____/____/____ Day Month Year	
Name of Supervising Journeyperson:	Certificate of Qualification No.:	Date of Issue: ____/____/____ Day Month Year	Issuing Province:
Number of <b>apprentices</b> in this trade in your employ:		Number of <b>certified journeypersons</b> in the trade in your employ:	

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.

\_\_\_\_\_  
Employer's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**OFFICE USE ONLY**

APPROVED	ATCD OFFICIAL STAMP	Apprenticeship Registration Number:
		Director's Representative - APO Signature: ____/____/____ Day Month Year
REJECTED*		

\*Reason for Rejection:

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Toll Free: 1-877-771-3737

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