

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:

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.

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 apprentices in this trade in your employ:		Number of certified journeypersons 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:
REJECTED*		____/____/____ Day Month Year

*Reason for Rejection:

Apprenticeship and Trades Certification Contact Information

E-mail: ApprenticeshipOnline@gov.nl.ca

Toll Free: 1-877-771-3737

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