

SPECIALIZED TRAINING: Request for Training

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|---|--------|--------|
| Course Name: | | |
| Start Date and End Date: | | |
| Training Institution Name and Location: | | |
| Instructor Name(s): | | |
| Contact Person: | Phone: | Email: |

*Complete each column fully for each student before submitting form. (PLEASE TYPE)

| Student Name (last/first) | Trade | Journey person I.P. or Certificate of Qualification # | (Please type) Student EMAIL, Phone, and Postal Address <i>(Class Calls are sent to students by EMAIL)</i> |
|---------------------------|-------|--|---|
| 1. | | | |
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| 12. | | | |

IMPORTANT NOTES:

- Students must be unemployed and EI eligible.
- Before submitting student names:**
 - Out of province **Certificates of Qualification:** must contact a local ATCD office to register in NL/Lab. Locations: <https://gov.nl.ca/atcd/contact-us/staff-listing-and-office-locations/>
 - Change of name** (i.e. marriage, divorce, etc): must contact a local ATCD office to update their file. Locations: <https://gov.nl.ca/atcd/contact-us/staff-listing-and-office-locations/>
- EMAIL form to pjst@gov.nl.ca at least **4 weeks** prior to training start date.

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 Specialized Training as indicated on this document. If you have any questions about the collection, use and disclosure of your personal information, please contact: