

Apprenticeship Form

DATE:

Day / Month / Year

Social Insurance Number:

Last Name:		First Name and Initials:		Marital Status: <input type="checkbox"/> Married of Equivalent <input type="checkbox"/> Single <input type="checkbox"/> Prefer Not to Report	
Email Address (must be personal email address):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer Not to Report			
Mailing Address:		Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Regular Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
City:	Province:	Postal Code:	Number of Dependents: _____ <input type="checkbox"/> Prefer Not to Report		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> French		Date of Birth: Day / Month / Year		Home Phone: Cell Phone:	
Do you identify as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report		Do you identify as a Visible Minority? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report		Have you Immigrated to Canada? <input type="checkbox"/> Yes If yes, what year? _____ <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report	
Employment Status <input type="checkbox"/> Employed <i>Approx. hrs per week: _____</i> <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Not in Labour Force (unemployed and not looking for work) Will you return to your current employer after training? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a Person with a Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Report	
Employment Insurance (EI) Eligibility					
Are you currently in receipt of EI? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you recently submitted a new EI claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you use the 16 digit reference code? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have enough hours to file a new claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Education					
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School or GED <input type="checkbox"/> College Diploma or Certificate <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> University Diploma or Certificate <input type="checkbox"/> University Degree <input type="checkbox"/> Other					
Last Year Attended: _____		Course of Study: _____		Province of Study: _____	
Anticipated Additional Costs					
Will you be boarding during your class call? <input type="checkbox"/> Yes If yes, weekly cost? \$ _____ <input type="checkbox"/> No		Will you be commuting daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you require childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE NOTE:

Your signed consent is required to process your request.
Please complete the reverse of this page.





Consent - Collection, Use and Disclosure of Personal Information

Collection: Personal information provided with your intake form / application for funding is collected under authority of the **Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015), Employment Insurance Act, Income and Employment Support Act and Regulations**, and will only be used for the administration of the service or benefit for which you are applying or for a consistent purpose under section 69 of **ATIPPA, 2015**.

Use: The personal information collected will only be used and/or disclosed in accordance with **ATIPPA, 2015**. Such uses may include: determining services appropriate to the needs of the client, determining eligibility for programs and funding, ensuring compliance with funding agreement terms, case management, tracking progress during an agreement including post funding assessment of outcomes as per the information sharing agreement referenced between the Government of Canada and the Government of Newfoundland and Labrador funded by the Department of Immigration, Population Growth and Skills and to provide statistical information to agencies providing funding support to the services offered.

Disclosure: The personal information provided may be exchanged and released to any person, agency or government departments, such as Immigration, Population Growth and Skills; Children, Seniors and Social Development; and Health and Community Services, service provider organizations or training institution that is administering the program, service or benefit. This information may include: contact information, employment plan, eligibility for employment insurance benefits, marks, attendance and proof of financial payments to the training institution. The personal information provided may also be shared with the Government of Canada and the Canada Revenue Agency in keeping with the data-sharing provisions outlined in agreements between the Government of Newfoundland and Labrador and the Government of Canada.

Access to Information and Protection of Privacy Act, 2015: Under **ATIPPA, 2015** personal information is protected in accordance with section 64.(1); you have the right to access your personal information protected in accordance with section 8.(1); and you have the right to request the correction of your personal information protected in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Department of Immigration, Population Growth and Skills.

If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator of the Department of Immigration, Population Growth and Skills. A listing of all departmental coordinators and their contact information can be found [here](#).

Client Consent: I, (print name) _____ acknowledge that I have read and understand the above information regarding the collection, use and disclosure of my personal information.

Parent, Guardian or Trustee Consent: I, (print name) _____ (Parent, Guardian or Trustee) acknowledge that I have read and understand the above information regarding the collection, use and disclosure of information regarding my dependent. Print name of dependent: _____.

Note: The above statement is completed by a parent, guardian or trustee if the client is under the age of 18.

Signature of Client

Date (dd/mm/yyyy)

Signature of Parent, Guardian or Trustee

Date (dd/mm/yyyy)

CHECKLIST

- ☐ Ensure all sections of the Request for Service form have been completed.
- ☐ Ensure your name has been printed in the Consent form and you have signed and dated the form.
- ☐ Ensure the consent form has spousal names, signatures and dates, if applicable.

Completed forms can be returned to the Department by email at:

employmentprograms@gov.nl.ca