

Freedom of Information and Protection of Privacy Notification: Alberta Advanced Education and Technology is collecting the personal information you provide in this application pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy Act* to help us determine and verify whether you meet the standards and requirements established by the Alberta Apprenticeship and Industry Training Board under the *Apprenticeship and Industry Training Act* for certification in an Alberta trade through the Qualification Certificate Program; for a red seal endorsement through the Interprovincial Standards Red Seal Program, if applicable; to administer the Qualification Certificate Program under the *Apprenticeship and Industry Training Act* and, if applicable, the Interprovincial Standards Red Seal Program; and for research and statistical purposes. The collection, use and disclosure of your personal information is done under the authority of the *Freedom of Information and Protection of Privacy Act* and is managed in accordance with that Act. If you have any questions about this, please call the Director, Policy, Research and Board Support, Apprenticeship and Industry Training, Advanced Education and Technology in Edmonton at the number provided on page 4 of the Application Guide.

Application Guides and Program Information are available at
http://www.tradesecrets.gov.ab.ca/working_in_alberta/working_in_trade.asp.

**The application must be completed by the person who is applying for an Alberta Qualification Certificate (Applicant).
Please answer the questions in English and print in ink.**

1 Trade	In what Alberta trade are you applying for Alberta certification?									
2 Personal Information	Alberta Student Number (if you went to school in Alberta):									
Note: Your last, first and middle names must be the same as they appear on your driver's licence, passport or other government-issued identification.										
Last name (Surname):					Former last name (if applicable):					
First name					Middle names (no initials):					
Mailing address (P.O. box, street, city/town, province/state, country):										
										Postal code:
Email address:										
Primary phone number:					Alternate phone number:					
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>					Birth date (yyyy/mm/dd):					
Do you have a documented learning disability that may impact your ability to pass an exam? Yes <input type="checkbox"/> No <input type="checkbox"/>										
What language do you speak, read and write best? _____										
Do you require a translator for an exam? Yes <input type="checkbox"/> No <input type="checkbox"/> See page 3 of Application Guide.										
What is your status in Canada? Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Foreign Worker? <input type="checkbox"/>										
If you checked Permanent Resident, what is the effective date (yyyy/mm/dd)? _____										
If you are not a citizen of Canada, what is your country of citizenship? _____										
For temporary foreign worker applicants only: Please attach a photocopy of the identification page of your passport showing your photograph, your full legal name, birth date and signature.										
Are you in Canada now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when did you arrive? (yyyy/mm/dd)? _____										
Do you have a permit to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach a copy of your Canadian work permit to your application.										
For Canadian applicants only, if you wish to declare Aboriginal ancestry, please specify:										
Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>										

Qualification Certificate Program Work Experience Application

3 Education, Training and Certification	
What is the highest level of formal education you have completed?	
In which country did you receive most of the training in the trade you identified in Section 1?	

Trades Training and Certification

Describe your training and certification, if any, in the **trade you identified in Section 1 or in any other trade**.

Attach a certified true copy of **each** credential you describe to your application. Attach the original or a certified true copy of the course outline or syllabus of any formal training you attended outside Canada and you describe in this application.

See page 3 of the *Application Guide* for information about a 'certified true copy' and translation requirements for documents that are not in English.

Do you have any credentials in the trade you identified in Section 1 or in any other trade? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is the name <u>of the trade</u> on the credential?	
What type of credential do you have?	Journeyperson (Qualification, Proficiency) <input type="checkbox"/> Completion of Apprenticeship <input type="checkbox"/> Other <input type="checkbox"/> Indicate what type:
What is the name of the province /state/ country /company /organization that issued this credential?	
What is the number on the credential?	What is the date of issue on the credential? (yyyy/mm/dd)
What, if any, is the expiry date of the credential? (yyyy/mm/dd)	If there is an Interprovincial Standards Red Seal on the credential, what is the number on it?
Have you completed any formal training in the trade you identified in Section 1 or in any other trade? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, in what trade?	
What was the course or program?	
Where did you take it? Institution:	Location:
When did you take it? From (yyyy/mm/dd):	To (yyyy/mm/dd):
Did you receive a credential? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was it?	

Post-secondary Education

Have you completed any formal education after high school, other than the trades training noted above? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you receive a credential? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was it? When (year) was it issued?	

If you need more space, please copy this page, add the additional information and attach it to your application.

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4 Work Experience in the Trade	This information will be verified
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Describe the hands-on work experience you have in the trade you identified in Section 1. The work you include **must be hands-on work experience only**. Do not include time you spent on foreman, management, instructional or supervisory duties, or attending training.

In what country did you obtain most of your work experience?
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Current or Most Recent Employer

If you are/were self-employed, please indicate here. Yes No

CONTACT INFORMATION			
Legal name of business:			
Operating name of business: (if different from legal name)			
Mailing Address (P.O. Box or Street):			
Town/City:	Province/State:	Country:	Postal code:
Phone number: <i>(include all country, area and city codes)</i>		Fax number: <i>(include all country, area and city codes)</i>	
Site address: (if different from mailing address above)			
Town/City:	Province/State:	Country:	Postal code:
Site phone number: <i>(include country, area and city codes)</i>		Site fax number: <i>(include country, area and city codes)</i>	
Name of Company Contact Person:		Contact's position or title:	
Contact's phone number: <i>(include country, area and city codes)</i>		Contact's fax number: <i>(include country, area and city codes)</i>	
Contact's alternate number <i>(include country, area and city codes)</i>		Contact's email address:	
Does the contact speak English?		If not, what language does the contact speak?	

WORK EXPERIENCE

Time employed in trade with this employer:		From (yyyy/mm/dd):	To (yyyy/mm/dd):
Total number of months worked:	Total number of hours worked:	Type of employment: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Other <input type="checkbox"/>	
What work did you do in the trade or occupation? Provide details of the tasks you performed in your trade in the space below. Describe your hands-on work experience in your trade. The information you provide will be confirmed with the employer.			

Qualification Certificate Program Work Experience Application

4 Work Experience in the Trade (continued)	This information will be verified
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If you have more than one previous employer, please copy this page, add the information and attach it to your application.

Previous Employer

CONTACT INFORMATION			
Legal name of business:			
Operating name of business: (if different from legal name)			
Mailing Address (P.O. Box or Street):			
Town/City:	Province/State:	Country:	Postal code:
Phone number: <i>(include all country, area and city codes)</i>		Fax number: <i>(include all country, area and city codes)</i>	
Site address: (if different from mailing address above)			
Town/City:	Province/State:	Country:	Postal code:
Site phone number: (include country, area and city codes)		Site fax number: (include country, area and city codes)	
Name of Company Contact Person:		Contact's position or title:	
Contact's phone number: (include country, area and city codes)		Contact's fax number: (include country, area and city codes)	
Contact's alternate number (include country, area and city codes)		Contact's email address:	
Does the contact speak English?		If not, what language does the contact speak?	
WORK EXPERIENCE			
Time employed in trade with this employer:	From (yyyy/mm/dd):		To (yyyy/mm/dd):
Total number of months worked:	Total number of hours worked:	Type of employment: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other <input type="checkbox"/>	
What work did you do in the trade or occupation? Provide details of the tasks you performed in your trade in the space below. Describe your hands-on work experience in your trade. The information you provide will be confirmed with the employer.			

Qualification Certificate Program Work Experience Application

5 Payment		Payment of the \$450 (CAD) non-refundable fee is required when you submit the application. Check the Guide to make sure you are eligible to apply.			
Method of Payment (check one)	Certified Cheque (Payable to Minister of Finance and Enterprise) <input type="checkbox"/>	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>	Debit Card* <input type="checkbox"/>
Fee is non-refundable GST is not charged.	Bank Draft/Money Order (Payable to Minister of Finance and Enterprise) <input type="checkbox"/>	Company Cheque (Payable to Minister of Finance and Enterprise) <input type="checkbox"/>			Cash* <input type="checkbox"/>

* in person only at an Alberta Apprenticeship and Industry Training office. Do **NOT** send cash in the mail.

If you checked VISA, MasterCard or American Express, provide all of the credit card information requested below.

Card number:	Amount of payment: <i>(payment must be made in full):</i>
Expiry date: (mm/yy)	Cardholder name (as shown on the card):
Cardholder signature:	

If someone other than you paid the fee, please provide the name and address of the person or company to whom the receipt should be provided.

Name:	
Mailing address (P.O. box, street, city/town, province/state, country):	
	Postal Code:

NOTE: Continue to page 6, and **read, sign and date** the Declaration, Acknowledgement, Authorization and Consent.

Applications that are **not** signed and dated **will not** be accepted.

Submission of an application and payment of the applicable fees **do not guarantee** that you will receive an Alberta Qualification Certificate. You must establish that you have fulfilled the work experience requirements in your trade, demonstrate that you have the skills, knowledge and competence in your trade expected of an Alberta certified journey person in the same trade, and pass all required exams to receive an Alberta Qualification Certificate.

Need help?

Call us - see page 9 of the *Application Guide* for the addresses and phone numbers of the Apprenticeship and Industry Training offices **or** visit www.tradesecrets.gov.ab.ca/contact_us .

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6	Declaration, Acknowledgement, Authorization and Consent	If you do not sign and date this section, your application will not be accepted or processed.
<p>I have read the Information and Instructions in the Application Guide, and hereby make application for an assessment of my skills and knowledge under the <i>Apprenticeship and Industry Training Act</i> for an Alberta Qualification Certificate, and</p> <p>I declare that the information I have provided on this application and in any documents attached is true and complete in all respects.</p> <p>I agree to</p> <ul style="list-style-type: none"> • immediately notify the nearest Apprenticeship and Industry Training office of any changes to the information contained in this application that happen after I submit this application, including changes to my contact information and to my employment or self-employment, • if I currently am unemployed, to notify the nearest Apprenticeship and Industry Training office within seven (7) calendar days of obtaining employment in my trade, and • if I am a temporary foreign worker, to immediately notify the International and Provincial Assessment Services office of my Alberta mailing address and the name of my Alberta employer within seven (7) calendar days of arriving in Alberta. <p>I acknowledge that</p> <ul style="list-style-type: none"> • if my application is cancelled and I am working in the trade in Alberta <ul style="list-style-type: none"> • my employer and/or union will be notified of the cancellation and the reason(s) why, and • I will no longer be permitted to work in the trade in Alberta under this application. If I wish to continue working in the trade in the Alberta, I must contact an Apprenticeship and Industry Training office about my options, • if I make a false or misleading statement in this application, or provide false documentation, or fail to disclose information as requested by Alberta Advanced Education and Technology, or claim to have skills, training or work experience or certification that I do not have, I may be denied the issuance of a Qualification Certificate, or have the Qualification Certificate granted to me by the Minister of Advanced Education and Technology cancelled and/or be subject to criminal prosecution or prosecution under the <i>Apprenticeship and Industry Training Act</i>, • if I fail to disclose or update information or provide information as requested by Alberta Advanced Education and Technology, this may constitute the making of a false or misleading statement, • I am aware that I may request a review of decisions made to cancel my application, and of my exam results, within 30 business days of receiving the notice of the decision or the marks. <p>I authorize</p> <ul style="list-style-type: none"> • Advanced Education and Technology to contact my current and past employers, unions, contractors and clients whom I have identified in this application or subsequently identify to Apprenticeship and Industry Training, to verify my work experience, training and certification in the trade identified in Section 1, and to obtain their assessment of my skills and knowledge relating to that trade, and I consent to the disclosure of this information to Advanced Education and Technology, • Advanced Education and Technology to contact educational institutions I have attended and identified in this application to request the production and disclosure of information, documents and/or records regarding my education, training, work experience and certification as it relates to the trade identified in Section 1, and I consent to the disclosure of this information to Advanced Education and Technology, • Advanced Education and Technology to contact governments, departments, boards, agencies, or any body that issues trade or occupation documents to request the production and disclosure of any information, documents and/or records held by that entity respecting my education, training, work experience or certification (including any information the entity has respecting its confirmation or verification of my education, training, work experience or certification) as these relate to the trade identified in Section 1, and I consent to the disclosure of this information to Advanced Education and Technology, • Advanced Education and Technology to contact governments, departments, boards, and agencies to <ul style="list-style-type: none"> • collect any personal information about my eligibility to enter or remain in Canada and to work in a designated trade in Alberta, and I consent to the disclosure of this information to Advanced Education and Technology, and • disclose to them any personal information obtained from this application, the verification of my work experience, education, training and certification, if any, the demonstration of my skills, knowledge and competence, the results of my examinations, the status of this application and my eligibility to work in Alberta in the trade identified in Section 1, <p>and consent to Advanced Education and Technology disclosing my examination results and the status of this application to</p> <ul style="list-style-type: none"> • my current employer and/or union, and informing the employer and/or union if and why my application was cancelled, and • to officials from other Canadian federal, provincial or territorial jurisdictions for the purpose of determining my eligibility to participate in training and certification programs related to the trade identified in Section 1 or a related trade, 		
Signature of applicant:		Date (yyyy/mm/dd):
Name of applicant (Print):		