



REGISTERED APPRENTICESHIP PROGRAM (RAP) VERIFICATION FORM



This form is to be filled out and signed by the participating school and the Apprenticeship and Industry Training office of Alberta Advanced Education to confirm that the named individual has applied for and received approval to participate in RAP.

This personal information is being collected pursuant to section 32(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of verifying eligibility and enrollment in the Registered Apprenticeship Program (RAP).

To be Completed by the Participating School

Was this student's employment arranged by Careers: the Next Generation? Yes No

Student Name:		
Alberta Student Number (Formerly Alberta Education Student ID):		
Employer Name:		
Employment Commencement Date:		
Current Grade Level:		
Expected High School Graduation Date:		
School Division:		
School:	Address:	Postal Code:
School Representative Name:	Tel:	Fax:
SIGNATURE of Approval:		Date:

Note: This form should be submitted by the participating school with the completed Apprenticeship Application upon commencement of employment.

To be Completed by Apprenticeship and Industry Training		
Apprenticeship Consultant Name:	Tel:	Fax:
SIGNATURE of approval:		DATE:
Apprentice I.D. #	Date Registered as an Apprentice:	