

<i>Apprentice:</i>	<i>ID Number:</i>	<i>Trade:</i>
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<b>Employer's Name/Address</b>	<b>Apprentice's Name/Address</b>
<i>Employer Name:</i> _____	<i>Apprentice Name:</i> _____
<i>Employer Address:</i> _____	<i>Apprentice Address:</i> _____ <i>Apt.:</i> _____
<i>City/Province/Postal Code:</i> _____	<i>City/Province/Postal Code:</i> _____
<i>Phone Number:</i> _____	<i>Phone Number:</i> _____
<i>Email Address:</i> _____	<i>Cell Phone Number:</i> _____
<i>Fax Number:</i> _____	<i>*Email Address:</i> _____
	<i>Birth Date:</i> _____

\*To receive earlier/quicker communication, please ensure to include your email address.

**If you wish to provide your Social Insurance Number, it will be provided to Service Canada to expedite the payment of Employment Insurance (EI) benefits to you while attending technical training, if eligible:**

*Social Insurance Number:*

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**CLASS REQUESTED:** *Refer to enclosed 'Apprenticeship Technical Training Schedule'*

**Training Provider** \_\_\_\_\_

**Trade/Program** \_\_\_\_\_ **Period** \_\_\_\_\_

**First Choice**

Class Dates (start/end dates) 



      Class Code:

**Optional Second Choice (if available at Institute)**

Class Dates (start/end dates) 



      Class Code:

**Method of Payment for Tuition Fees:** *Refer to Institute "Apprenticeship Enrollment Information" instruction sheet for amount of payment to be enclosed*

**Credit Card:**

Master Card       VISA       American Express

Card Holder Name: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

**Please Attach:**

Cheque: \_\_\_\_\_ Money Order: \_\_\_\_\_

Company Purchase Order #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Tel. / Contact: \_\_\_\_\_

*Apprentice Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Contact or forward your completed form to the appropriate training provider.**

*(Technical Training Providers Contact Information is available at [www.TradeSecrets.gov.ab.ca/tt](http://www.TradeSecrets.gov.ab.ca/tt))*