



Skeena Native Development

Trades Apprenticeship Application Form

TRADES APPRENTICESHIP PROGRAM OVERVIEW

In partnership with the private business sector, Skeena Native Development provides resources to First Nations people to attain provincial journeyman trades certification. Working within the Provincial Industry Trades Training guidelines, a tri-party contract is entered into between Skeena Native Development, the Private Sector sponsor, and the apprentice for a one, two, three or four year training commitment. Our organization will provide funding for wages, training courses and costs, career counseling, and tutoring on an as-needed basis.

This program will be application driven only, and each application will be assessed on merit, and available budget.

Program Guidelines

- The apprentice candidate must undergo a thorough career counseling assessment by one of our Employee Assistance Services Counselor PRIOR to job placement training.
- The private sector training sponsor must provide a minimum of thirty hours to a maximum of forty hours per week. Our organization does not cover the expense of over-time; this is the responsibility of the Sponsor.
- Provision must be made for the apprentice to take one day of remedial class time every second week, or every tenth day of work (whichever comes first), four months prior to annual classroom theory training.
- Each apprentice must attend and successfully complete the classroom theoretical portion of the training each year. This will be managed by Skeena Native Development (in communication with the Sponsor) for the purpose of budget control and career planning
- Payroll and Mandatory Employer Related Costs (MERC) for each apprentice can be administered through our office
- The following compensation schedule is based on the assumption that the apprentice is on a steep learning curve in year one. As more skill and capacity is acquired, it is assumed the Sponsor will begin to realize a return on investment as each year elapses. The Sponsor must agree to compensate the apprentice for the difference of the average job value in the market equivalent to that of a non-unionized job setting.



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Four Year Apprentice Program

- First Year- Skeena Native Development will pay 100% of wages to a maximum of \$15.00 per hour, plus MERC.
- Second Year- Skeena Native Development will pay to a maximum of \$12.00 per hour plus MERC
- Third or Fourth Year- Skeena Native Development will pay to a maximum of \$10.00 per hour plus MERC.

Three Year Apprentice Program

- First Year- Skeena Native Development will pay 100% of wages to a maximum of \$15.00 per hour, plus MERC.
- Second Year- Skeena Native Development will pay to a maximum of \$12.00 per hour plus MERC
- Third Year- Skeena Native Development will pay to a maximum of \$10.00 per hour plus MERC.

Two Year Apprentice Program

- First Year- Skeena Native Development will pay 100% of wages to a maximum of \$15.00 per hour, plus MERC.
- Second Year- Skeena Native Development will pay to a maximum of \$12.00 per hour plus MERC

*Please indicate in your Letter of Request if you have already identified an individual, or whether you require assistance in hiring a candidate (Note: assistance is also available for advertising the position, screening applicants and career counseling for the incumbent).

*Unless otherwise stipulated by the Province of British Columbia, all apprentice applicants must have a Grade 12 (or equivalent) prior to acceptance in the Private Sector Department Trades Apprenticeship Program.



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APPLICATION PROCEDURE

-Check List-

The Private Sector Sponsor must submit an application with the following forms:

- ✓ Letter of Request outlining budget
- ✓ Job description for the Apprentice
- ✓ The following forms completed:
 - Trades Apprenticeship Application Form
 - (Participant) Application Form
 - Assumption of Risk, Release of Claims and Indemnity Form
- ✓ Indentureship Papers from Industry Training Canada.
Visit **www.itabc.ca** to determine whether you can register an apprenticeship.

To acquire Indentureship Papers go to:

http://www.itabc.ca/documents/CS001.2_%20frmTraineeReg1.1.pdf



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GENERAL INFORMATION AND GUIDELINES FOR APPRENTICESHIP APPLICATIONS

PLEASE READ BEFORE FILLING OUT AN APPLICATION

- This program will be application driven only, and each application will be assessed on merit, and available budget. The following documents must be submitted as part of the total application package, and no application will be treated as complete without any one of the following:
 - Trades Apprenticeship Application Form
 - Applicant Information Form (completed for each participant)
 - Assumption Release Waiver Form (completed for each participant)
 - Job description for Apprentice participant.

- Please note that in order to register an apprenticeship, the employer (private sector sponsor) must already be registered with Industry Training. If you are not yet registered and have “Endentureship Papers from Industry Training Canada.” Visit their website at:

http://www.itabc.ca/documents/CS001.2_%20frmTraineeReg1.1.pdf

- Or to find out if you can register an apprenticeship visit: www.itabc.ca



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-COMPLETE IN FULL-PLEASE PRINT-

TO BE COMPLETED BY APPRENTICE OR TRAINEE

Surname (Last Name)	Given Name (First Name)	Middle Name (No Initials)
Birthdate (YYYY/MM/DD)	Gender Male Female	Tribal Affiliation
Address (Line 1)		
City/Town	Province	Postal Code
(Area Code) Telephone No.	E-mail Address	Fax No.

SECONDARY EDUCATION

Secondary School	SSA If Yes, School District Yes No	Grade Completed	Graduated Yes No
Program Academic Vocational General Technical G.E.D/A.B.E		Prov. Education Number (PEN#)	

POST SECONDARY EDUCATION

Course	Institution	Date Completed (YYYY/MM)
Course	College/University Level	Date Completed (YYYY/MM)

TO BE COMPLETED BY EMPLOYER

Name of Organization	Legal Name of Business
Name of Owner	Type of Industry
Street Address	
Mailing Address (If different)	
City/Town	Province Postal Code
Contact Person	(Area Code) Telephone No. (extension) Fax No. & or E-mail Address
Apprentice/Trainee Trades	Apprenticeship Start Date (YYYY/MM/DD)



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THE INFORMATION REQUESTED IN THIS FORM WILL BE USED BY SNDS FOR THE FOLLOWING PURPOSES:

1. DETERMINING THE ELIGIBILITY OF THE UNDERSIGNED (THE “APPLICANT”) FOR RESOURCES, SERVICES AND FUNDING OFFERED BY SNDS;
2. ASSESSING THE EMPLOYMENT ASSISTANCE NEEDS OF THE APPLICANT AND DETERMINING THE APPROPRIATE INTERVENTION; AND/OR
3. PROMOTING THE RESOURCES, SERVICES AND FUNDING OFFERED BY SNDS, WHICH MAY INCLUDE THE PUBLICATION OF THE APPLICANT’S NAME, AGE, THE PROGRAM IN WHICH THE APPLICANT PARTICIPATED AND THE PROGRESS OR SUCCESS ACHIEVED BY THE APPLICANT IN THE PROGRAM.

PART 1 – APPLICANT INFORMATION

(PRINT IN BLUE PEN INK)

This Section MUST Be Fully Completed or WILL NOT Be Accepted

1. Applicant’s Full Name: _____
2. Mailing Address: _____
City/Town: _____ Prov: BC Postal Code: _____
3. Telephone Number: _____
4. Email Address: _____
5. Social Insurance Number: _____
6. Date of Birth: _____
7. Male _____ Female _____ Disabled? Yes _____ No _____
8. On-Reserve _____ Off-Reserve _____
9. What is your First Nations’ Ancestry and Village? _____

10. Are you currently receiving (check those that apply):

Federal Social Assistance _____
Provincial Social Assistance _____
E.I. Benefits _____
Band Sponsorship _____

11. What is the highest level of education you have attained? _____

12. Name(s) of school(s) and year(s) attended:

13. What certificates, diplomas, licenses, degrees, or other skills did you acquire?

14. Please list your employment history. _____

Have you taken training within the last year? YES NO
If YES, name of course(s) and from which school?

PART 2 – SPONSORING EMPLOYER ORGANIZATION:

15. Name of Business Organization: _____

16. Address: _____

17. Telephone Number: _____

18. Email Address: _____

19. Business Owner(s): _____

20. Bank and Bank Representative: _____

PART 3- STATEMENT BY APPLICANT

The Applicant:

1. Certifies that the information contained herein is true, accurate and complete;
2. Agrees to inform SNDS of any material change in the Applicant's financial circumstances; and
3. Acknowledges that he/she is aware that the Applicant will receive a T4A slip for any sponsored amounts paid by SNDS in excess of \$500.00 and that it is the Applicant's responsibility to obtain a receipt of payment for the sponsored amounts from the recipient institution for the Applicant's income tax purposes

PART 4- CONSENT TO SNDS AND CANADA SHARING INFORMATION

The Applicant agrees and consents to SNDS sharing the information contained in this form with Human Resources and Skills Development Canada and Ministry of Society Development and Economic Security (collectively referred to as "Canada") and **All stakeholders**, for the purpose of enabling Canada:

1. to verify the Applicant's eligibility for, or entitlement to employment insurance benefits;
2. to monitor, assess and evaluate the effectiveness of the assistance provided with funding from Canada; and/or
3. to evaluate the results of all programs.

Any information provided to Canada is protected under Canada's *Privacy Act* and that the Applicant has a right under the *Privacy Act* to obtain access to that information from Canada.

The Applicant further agrees and consents to Canada sharing with SNDS the information that Canada has on the Applicant for the purposes of enabling SNDS to determine the Applicant's eligibility for resources, services and funding offered by SNDS, assessing the employment assistance needs of the Applicant and/or determining the appropriate intervention.

Applicant Signature

Date

Approved (SNDS)

Date



Skeena Native Development

Assumption of Risk, Release of Claims and Indemnity

1. The undersigned (the "Participant") assumes all risk of personal injury, death or property loss resulting from his/her participation in _____ (the "Program") offered by SNDS.
2. The Participant agrees that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and does hereby for himself/herself, his/her heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the Participant pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the Participant, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.
4. The Participant shall indemnify and save harmless the Releasee from any cause of action, loss, cost or damage that the Releasee may incur or suffer, directly or indirectly, as a result of the Participant's participation in the Program.

IN WITNESS WHEREOF the Participant has executed this Assumption of Risk, Release of Claims and Indemnity as of the day and year first set out above:

EXECUTED in the presence of:

(signature of witness)

Print Name: _____

(signature of Participant)

Print Name: _____



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Assumption of Risk, Release of Claims and Indemnity -Parent/Guardian-

To be provided by a parent or guardian or the Participant if the Participant is under the age of 19 at the time of signing the Assumption of Risk, Release of Claims and Indemnity:

1. I am the parent or legal guardian of _____
(the "Participant"). I consent to the Participant participating in the _____
_____ (the "Program").
2. I agree that SNDS shall not be liable for any injury, death or property loss arising from the Participant's participation in the Program and I hereby for myself, my heirs, executors, administrators, successors and assigns remise, release and forever discharge SNDS, and its officers, employees, servants, agents, contractors, successors and assigns, and each of them (collectively the "Releasee"), of and from any and all actions, causes of action, claims, suits or demands in respect thereto and waives all actions, causes of action, claims, suits and demands against the Releasee in respect thereto.
3. If the release and waiver provided by the undersigned pursuant to paragraph 2 above is held to be unenforceable or invalid in respect of any action, cause of action, claim, suit or demand purported to be released or waived by the undersigned, the release and waiver provided for in paragraph 2 shall be construed to exclude such action, cause of action, claim, suit or demand, and subject to the foregoing exclusion, paragraph 2 will not be affected.

(Parent/Guardian's Signature)

Print

Name: _____

(Date)