



# APPRENTICE AND SPONSOR REGISTRATION FORM

ITA Customer Service  
800 - 8100 Granville Ave  
Richmond, BC V6Y 3T6  
Tel: 778-328-8700  
Fax: 778-328-8701  
Toll Free: 1-866-860-8011  
customerservice@itabc.ca

Please print clearly and return to the address or fax above

This form is used to register apprentices and sponsors for any ITA program except Heating Technician or SSA/ACE IT programs. Missing information may delay the registration process.

If you were a registered apprentice in another province in a designated Red Seal trade your results can be assessed for transfer. Please indicate the province to be contacted: \_\_\_\_\_.

**Note: Sponsoring an Apprentice is a mutual agreement between an Apprentice and an Employer/Sponsor. It may be cancelled anytime at the discretion of either parties. The apprentice must enter their initials in right hand corner of the page 2. Page numbers 3 and 4 must be signed and dated. Please ensure that you complete ALL 4 PAGES of the application form. Incomplete applications may be returned or it may result in a delay in processing your application. Processing time for applications is 10 business days.**

\* **Bold Fields are Mandatory**

## A. Apprentice Information

ITA Individual ID #: (leave blank for new registration)		*Program (Trade):	
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:	
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Suite Number:	*Mailing Address:		
*City:	*Province:	*Postal Code:	
*Phone Number: ( )	Secondary Phone Number: ( )	*Email Address:	
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes are you: First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>	

## B. Sponsor Information

*Name of Organization: Vancouver Island Piping Industry, JTC		Organization ID # (if already registered): 000009	Unlon: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Suite Number:	*Mailing Address: 919 Esquimalt Road		
*City: Victoria	*Province: BC	*Postal Code: V9A 3M7	
*Email Address: ualocal324training@shaw.ca	*Phone Number and Extension: (250) 382-0415	Fax Number: (250) 380-1713	
*Name of Primary Contact (First & Last Name): Haylee Dhillon	*Date of Birth (MM/DD/YYYY):	ITA Individual ID# (if already registered):	
Name of Secondary Contact Person (First & Last Name): Cheryl Risvold	Date of Birth (MM/DD/YYYY):	ITA Individual ID# (if already registered):	

All communication from ITA will be sent to the e-mail address provided.



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### APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT (If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

#### C. Agreement to Fulfill Responsibilities of Apprentice

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor.
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
  - Scheduling and registering myself into and successfully completing required Technical Training at an ITA-approved training institution of my own choice; OR
  - Successfully challenging the required Technical Training or Level where a challenge assessment exists.
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

#### D. Accuracy of Information Provided

I declare that:

All information I have provided or will provide to the Industry Training Authority ("ITA") in the future is true and complete.

I agree to:

Immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

If I provide untrue information or false documents to the ITA, or fail to provide information or documents requested by them:

- I may be denied assessment;
- Credit I have received toward my apprenticeship program or certification may be cancelled;
- My registration may be cancelled and I may not be allowed to re-register;
- My trade certificate issued by the ITA may be cancelled; and/or
- I may be subject to criminal prosecution.

#### E. Authorization to Collect Information Inside or Outside of Canada

I agree that the Industry Training Authority may:

- Request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
  - My current and former employers;
  - Other government bodies or organizations that issue qualifications relating to my skills and knowledge.
- Contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience.

And I agree to this information being given to the ITA.

#### F. Consent to Disclose Information

I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary, for the purpose of administering the apprenticeship training program, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available.



Apprentice Initial



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I also agree to information from my apprenticeship record with the ITA being provided to others as follows:

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprenticeship registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs.
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which ITA believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers. Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

### G. Option to receive some course notifications (This section must be completed by Apprentice)

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with ITA-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by ITA of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- The ITA may provide my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- The ITA may NOT provide my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

### H. Apprentice Signature

#### Privacy Statement

The Industry Training Authority is committed to protecting the privacy of any personal information you may provide when filling an application form with us. The Industry Training Authority will not use or share any personal information provided by the applicants except with the consent of the individual to whom the information relates or as otherwise authorized by the Freedom of Information and Protection of Privacy Act.

#### Certification and authorization for collection, use and disclosure of personal information

I agree to allow ITA, in accordance with the BC Freedom of Information and Protection of Privacy Act, to use and provide to others the personal information I have provided on this form, as well as any other information necessary for administering the apprenticeship training program in which I am applying, including the application process, program delivery, evaluation and certification. I authorize ITA to provide my personal information for the previously stated purpose to apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions, private trainers and to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs. I also authorize ITA to make the status of my certification and apprenticeship publicly available."

#### Attestation

"I attest that the information I have provided is complete and accurate; and I authorize ITA to verify its accuracy. I acknowledge that I read and understood that if I knowingly provide ITA with untrue information and/or false documents; ITA may refer the matter to legal authorities. Furthermore, I understand and agree that if I provide untrue information and/or false documents to ITA or fail to provide information requested by them; then ITA may, at its sole discretion, take actions including but not limited to denying me assessment and/or revoking credit or certification they have granted to me."

#### NOTE TO APPRENTICE:

If you have a question or concern about ITA's use of your personal information, contact an ITA Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-860-8011

**"By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form."**

Apprentice's Signature:	Date (MM/DD/YYYY):
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## SPONSOR RESPONSIBILITIES AND DECLARATION

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

### I. Agreement to Fulfill Responsibilities of Sponsor

I understand and agree that it is my responsibility to:

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of an ITA-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
- Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program; and
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

### J. Accuracy and Currency of Information Provided

I declare that:

- The apprentice's work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- All information I have provided or will provide in the future to the Industry Training Authority is true and complete.

I agree to:

Immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

If I knowingly provide untrue information or false documents to the ITA regarding my apprentice, or fail to provide information or documents requested by them:

- My apprentice may be denied assessment;
- Credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled;
- My apprentice's registration may be cancelled and the apprentice may be prevented from re-registering;
- A trade certificate issued by the ITA to my apprentice based on the said information I provided may be cancelled; and/or
- I may be subject to criminal prosecution.

### K. Sponsor Signature

"By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form."

Sponsor's Signature:	Date (MM/DD/YYYY):
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# **PIPE TRADES APPRENTICESHIP APPLICATION FORM**

*Qualifications necessary for an Applicant to be considered for a probationary  
Pipe Trades Apprenticeship*

1. Must be at least 18 years of age.
2. High School diploma
3. Pipe Trades Entry Level Training Certificate

**If you are accepted for a probationary apprenticeship you will be required to;**

1. Serve as a probationary apprentice for a period of 1 (one) year (1900 hours of on the job training)
2. Serve a 4.5 (four and one half) year apprenticeship including the probationary period (7600 hours of on the job training)
3. Report for work on a regular basis
4. Provide own tools as per agreement
5. Provide transportation to and from work site
6. Work under the direction of a journey worker on the job site and perform job duties satisfactorily
7. Attend related training classes regularly and maintain an acceptable average in those classes
8. Purchase text material for use in related training classes as required
9. Abide by all rules and regulations of the Vancouver Island Piping Industry Joint Training Committee

I, the undersigned have read, understand, and agree to abide by the above.

\_\_\_\_\_  
Apprentice Signature

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

## APPRENTICESHIP AGREEMENT

Pursuant to the *Industry Training Authority* and the General Regulations contained in the Four (4) Year Apprenticeship Agreement,

I, \_\_\_\_\_ being a member of the United Association of Plumbers and Pipefitters Industry, U.A. Local 324, and indentured to the Vancouver Island Piping Industry Joint Training Committee agree to a further (.5) one-half year of Apprenticeship to be served at the completion of the Four (4) Year Agreement.

Apprentices will be signed off at 7600 hours provided Level 4 and Inter Provincial has been passed

\_\_\_\_\_  
Apprentice Signature

\_\_\_\_\_  
Vancouver Island Piping Industry  
Joint Training Committee

Dated: \_\_\_\_\_



Dear Apprentice:

Please be advised that in compliance with the *Industry Training Authority* the starting wage per hour is 40% of the Journeyman rate per hour, or 45% if apprentice provides confirmation of Entry Level Training Certification. Subsequent increases are negotiated by the U.A. Local 324 Plumbers and Pipefitters Union.

You are therefore asked to agree that all negotiations on your behalf are acceptable.

Signed \_\_\_\_\_  
Apprentice

\_\_\_\_\_  
Name (please print)

Dated: \_\_\_\_\_

## INDENTURED APPRENTICES

The intent of this notice is to clarify to all apprentices indentured to the Vancouver Island Piping Industry Joint Training Committee and Members of U.A. Local 324 United Association of Plumbers And Pipefitters some aspects of their apprenticeship.

There have been instances where apprentices have failed to attend school when directed, or have dropped out without discussing their problems with the Joint Training Committee Training Coordinator. The company you are employed with has no Apprenticeship Agreement with you. Therefore, any problems you may have should be discussed in the first instance with the Training Coordinator, or if he is not available, the Business Manager of Local 324. It is they who will make representation to the Industry Training Authority on your behalf.

The Apprenticeship Agreement, as furnished by the Industry Training Authority, an Agency of the Government of British Columbia, is a binding agreement entered into between the apprentice and the V.I.P.I.J.T.C.

Should an Apprentice who formerly was indentured to an employer and for various reasons leaves his/her employment, i.e. employer requests the V.I.P.I.J.T.C. take over his/her contract; lack of continued employment; or the company has gone out of business, etc. will require to complete a new Apprenticeship Application with the V.I.P.I.J.T.C.

Apprentices will be directed by the V.I.P.I.J.T.C. to attend training classes as required.

Failure to attend the prescribed trade training as directed by the V.I.P.I.J.T.C. will result in the termination of this agreement.

Yours truly,

*Jim Noon*  
Business Manager

\_\_\_\_\_  
Apprentice (Please Print)

\_\_\_\_\_  
Apprentice Signature

\_\_\_\_\_  
Date

## **Behavioral Requirements for Apprentices While Attending Technical Training**

Absence of three days or more are to be reported to the college instructors. If there are additional items of negative behavior such as, but not necessarily limited to those listed below, the apprentices will be put on probation by the apprenticeship office and cancelled from class on receipt of further complaints from the college instructor.

Unacceptable behavior which can lead to probation and subsequent cancellation from class includes the following;

Unexcused absence (reasons not reported to or approved by the instructor)

Lateness or leaving early

Insubordination or lack of respect towards the instructor and/or other school staff members.

Poor progress due to lack of effort or attention.

Creating a disturbance or distraction in class to the detriment of others.

Damage to school property.

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Apprentice (Please Print)

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Apprentice Signature

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Date

**LETTER OF UNDERSTANDING**

**BETWEEN:** UNITED ASSOCIATION OF JOURNEYMEN & APPRENTICES OF THE PLUMBING AND PIPEFITTING INDUSTRY OF THE UNITED STATES AND CANADA, LOCAL UNION NO 324.

**AND:** I.M.I.R.A.

**PRE-APPRENTICES / HELPERS**

The pre-apprentice/helper may be employed for up to six (6) months with a signatory employer. The pre-apprentice/helper if deemed suitable by the employer and the Union will then enter the apprentices program.

**Pre apprentice dues remittances**

From the pre-apprentice wages, the Employer shall deduct and remit to the Union a one time sum of \$50.00 upon the pre-apprentice's initial employment in the industry and an additional \$21.00 per month thereafter.

**Pre-apprentice Wages**

The pre-apprentice shall be paid 40% of the current journeyman's wage rate with 12% vacation and statutory holiday pay on each paycheck.

The employer will reimburse the pre-apprentice his Medical Services Plan monthly health coverage premiums if applicable and upon proof of up to date payment of same.

Evaluations on the pre-apprentice are to be completed by the foreman after three (3) months and again at six (6) months.

\_\_\_\_\_  
Jim Noon  
Business Manager

\_\_\_\_\_  
I.M.I.R.A.

\_\_\_\_\_  
Apprentice (Please Print)

\_\_\_\_\_  
Apprentice Signature

\_\_\_\_\_  
Date

## APPRENTICE RATE OF PAY – STANDARD AGREEMENT

November 1, 2016  
Based on \$37.70 per hour

Hours	Rate	Wage Rate
-950	40% .....	\$15.08
0	45% .....	\$16.97
950	55% .....	\$20.74
1900	60% .....	\$22.62
2850	65% .....	\$24.51
3800	70% .....	\$26.39
4750	75% .....	\$28.28
5700	85% .....	\$32.05
6650	90% .....	\$33.93
7600	100% .....	\$37.70 T.Q.

U.A. LOCAL 324

## PROTECTION OF PRIVACY POLICY

U.A. Local 324 respects the privacy of its members and is committed to protecting the privacy of the personal information we gather and retain for administrative purposes, while allowing reasonable access and/or exchange of information between limited parties with whom the Local Union is professionally engaged. Local 324 will comply with Provincially and Federally legislated Privacy Acts(s) to ensure that our member's information is used for authorized purposes only. Local 324 will not be responsible for any actions of third parties once the information is exchanged.

### COLLECTION AND USE OF PERSONAL INFORMATION

Local 324 collects personal information that is required for proper administration of the Union and will include;

Members Name	Names of family members
Members Birth date	Birth dates of family members
Social Insurance Number	Home address/ mailing
address	
Phone/Fax Number	Email Address
Emergency Contact names and numbers	Benefit Plan Information
Beneficiary & Life Insurance information	Trade Qualifications
Wage Rates / Earnings	Past Employment History

Additional information may be collected should a member become involved in a grievance, labour relations board application, workers compensation board appeals, employment insurance appeals, employment standards complaints or trial.

**DISCLOSURE** - Some or all of your personal information may be disclosed to approved third parties:

- Where the Local Union is required by law to obtain, maintain, and report information to government bodies, such as Canada Customs and Revenue Agency (CCRA) or other legal or administrative proceedings.
- Where proceedings with grievances, arbitration, mediation, litigation or settlement of any disputes or issues exist between the Local Union and Employer, or the B.C. Labour Relations Board.
- Where required by law
- Where the U.A. International Office requires updating of member information/status
- Where Employers seek trade qualifications and employment histories
- Where the Union Benefit Plan Providers require information
- Where an individual member authorizes release of personal information to a specified party
- For identification purposes a member's social insurance number is authorized for use as an "identity number" within the union membership administration program to post all Employer deducted dues and remittances; and by the Union's Benefit Plans (Health & Welfare and Pension) for identification purposes and for the purposes of reporting to Income tax office.

- Local 324 does not disclose personal information to other members or to any other person, agency or organization without obtaining separate and express permission to do so by the member.

**CONSENT** - By providing U.A. Local 324 with your personal information on file, a member consents to the disclosure and utilization of their records for the purposes mentioned herein. The Unions' membership administration system program was established, is maintained and is backed up daily by Edge Computing Corp. Edge Computing Corp will not retain or disclose any personal information contained in this data. It is the member's responsibility to ensure that personal information provided to the Union is correct and up to date.

**ACCESS TO PERSONAL INFORMATION** - Upon request, all members shall have access to all personal information held. The Union reserves the right to refuse requests in situations where disclosure of information; may be protected legally, could harm the position of the organization, would reveal personal information about another individual, or where the information is generated for the purpose of a mediation/arbitration or court hearing of a confidential nature.

**WITHDRAWAL OF CONSENT** - A member may withdraw consent to the use and disclosure of personal information at any time. However, withdrawal of such information may limit or prevent aspects of membership within the Local Union.

**PRIVACY OFFICER** - All information pertaining to the policies and practices established by U.A. Local 324 are available for review. A Privacy Officer has been designated and may be reached by contacting the Union office.

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Apprentice Name

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Date



Interurban Campus  
4481 Interurban Rd.  
Victoria BC V9E 2C1  
250-370-3846 or  
1-877-554-7555 (Toll-free)  
Fax: 250-37-4031  
apprentice@camosun.ca

# APPRENTICE

Have you applied to or attended Camosun College before?  
 No  Yes. Please provide your Camosun College Student Number:

C \_\_\_\_\_

Your ITA# is required for registration.

ITA# \_\_\_\_\_

Trades Worker ID# \_\_\_\_\_

## PERSONAL INFORMATION (please print clearly)

LEGAL LAST NAME \_\_\_\_\_ FORMER LAST NAME (if applicable) \_\_\_\_\_

LEGAL FIRST NAME \_\_\_\_\_ PREFERRED FIRST NAME (if applicable) \_\_\_\_\_ MIDDLE NAME(S) \_\_\_\_\_ Check if you have none

CITIZENSHIP STATUS  Canadian

If you are not a citizen of Canada, please select your official status in Canada (documentation required):

- Permanent Resident/Landed Immigrant, document number: \_\_\_\_\_
- Other Visa or Permit, specify and provide document number: \_\_\_\_\_
- Refugee / Convention Refugee, document number: \_\_\_\_\_
- Live In Care Giver, document number: \_\_\_\_\_

*International students please contact Camosun International to obtain an application package. Telephone: 250-370-3682 or 250-370-4812.*

DATE OF BIRTH MM / DD / YYYY GENDER  Male  Female SOCIAL INSURANCE NUMBER (optional\*) \_\_\_\_\_ \*Providing your SIN helps us to ensure the accuracy and completeness of your transcript and your tuition tax receipt.

## CURRENT MAILING ADDRESS

NUMBER/STREET \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_ Local/Ext. # \_\_\_\_\_ Your email address is required so that we may communicate important information to you.

## EMERGENCY CONTACT

CONTACT NAME \_\_\_\_\_ CONTACT PHONE NUMBER \_\_\_\_\_ Local/Ext. # \_\_\_\_\_

## VOLUNTARY DISCLOSURE

By completing this section, you indicate you understand that you may be contacted by the school, based on the information you provide.

Are you of Aboriginal ancestry? (First Nations, Métis or Inuit)  Yes  No  
If Yes, are you  First Nations Status  First Nations Non-Status  Inuit  Metis

Do you require additional support services due to a disability?  Yes  No  
*Note: It is your responsibility to request support by contacting the Disability Resource Centre [www.camosun.ca/drc](http://www.camosun.ca/drc)*

What has been your main activity during the previous year?  
 Attending high school  Attending college  Attending university  Attending another educational institution  
 Working  Other

My primary reason for attending Camosun College is: (Indicate only one)

- To complete an associate degree, diploma, or certificate
- To complete a Camosun College bachelor degree
- To prepare to transfer to another institution
- To qualify to enter another program
- To learn new job skills
- To improve existing job skills
- To decide on a career or change careers
- To improve basic skills (upgrading)
- Personal interest/self-development
- Other



## PROGRAM CHOICE

Please indicate your preferred start date next to the checkbox for each level you want to register in. If you do not specify a start date you will be registered in the next available seat. If your preferred section is full, you will be waitlisted for that section and registered in the next available section.

	Year 1	Year 2	Year 3	Year 4
Automotive Service Technician	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Carpenter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Professional Cook	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	
Domestic / Commercial Gas Fitter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	
Heating Technician/ Hydronics	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY		
Geothermal Technician	<input type="checkbox"/> MM / DD / YY			
Electrician	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Joiner	<input type="checkbox"/> MM / DD / YY			
Metal Fabricator	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Plumber	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
RBMW (restricted)	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Refrigeration / Air Conditioning Mech	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
RCFT (restricted)	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Sheet Metal Worker	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Sprinkler Fitter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Steam/Pipe Fitter	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY
Welder	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY	<input type="checkbox"/> MM / DD / YY

## DECLARATION

The personal information on this form and other personal information which forms part of your student record is collected under the legal authority of College and Institutes Act, [RSBC 1996] c.52, and the Freedom of Information and Protection of Privacy Act [RSBC1996] c. 165. The information is used for administrative and statistical research purposes of the College and/or the ministries or agencies of the Government of British Columbia and the Government of Canada. The information will be protected, used, and disclosed in compliance with those acts. Except as provided in the foregoing, the personal information collected on this form and other personal information which forms part of your student record will not be disclosed to any other person without your consent. A "Permission to Release Information" form, available from Student Services and [camosun.ca](http://camosun.ca), must be signed in order for Camosun College to provide access or release your personal information to any other person. However, Camosun College may be required to release a student's personal information if it becomes aware of compelling circumstances where there is a risk to the health and safety of the student or others. For further information, please contact the college's Privacy Officer by phone at (250) 370 - 3016 or by e-mail at [brindle@camosun.bc.ca](mailto:brindle@camosun.bc.ca).

### Please read the following before signing:

1. I declare that the information contained in this application is to the best of my knowledge complete and correct.
2. I agree to abide by the rules and regulations of the College.
3. I understand and agree that acceptance of this application in no way guarantees admission to the program or course and that this application is subject to the availability of seats. I understand and agree the College reserves the right to modify or cancel any program or course without notice or prejudice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPLICATION FEE

Payment of \$36.41 is due with this application.

Cheque or Money Order (attach)  
Payable to Camosun College

Visa    Mastercard    American Express    JCB

Sponsorship  
Sponsoring Agency Approval of Fees form (attach)

Card No: \_\_\_\_\_ Expiry <sup>MM</sup> / <sup>YY</sup>

Cash (in person)

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

Debit (in person)

## Permission to Release Information and Authorization to Act on My Behalf

The British Columbia *Freedom of Information and Protection of Privacy Act* provides that the College may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent.

Further, the College does not normally allow any person other than the student to conduct student related business with the College on behalf of the student.

**If you want any other person to have access to your student records and/or if you want any other person to be able to conduct student related business on your behalf you must:**

- Please complete the relevant portion of this form and
- Submit the completed form to Enrolment Services in person, drop-box at Interurban Campus, Campus Centre Building or on the Lansdowne Campus, Dawson Building or by mail or fax to the attention of the Enrolment Services department

Student Name: _____	
Last Name	First Name
Student #: C _____	Date of Birth: _____
<b>To the Enrolment Services Department:</b>	
The following person(s) <u>UA Local 324</u> has/have permission to	
<input checked="" type="checkbox"/> access my student records and/or <input checked="" type="checkbox"/> to conduct student related business on my behalf	
for the following length of time <u>Start of Apprenticeship</u> to <u>End of Apprenticeship</u>	
Signature: _____	Date: _____

### Questions?

**Lansdowne Campus**  
Dawson Building, Main Floor  
Fax: 250-370-3551

**Interurban Campus**  
Campus Centre Building, 2<sup>nd</sup> Floor  
Fax: 250-370-3750

Phone: 250-370-3550

Toll Free: 1-877-554-7555

Internet Contact: [camosun.ca/about/contact/registration.html](http://camosun.ca/about/contact/registration.html)

Office Hours: Mon, Tues, Weds 9am-4pm; Thurs 9am-5:30pm; and Fri 9am-4pm



# **STANDARD FOR EXCELLENCE**

The United Association Standard for Excellence policy is a labour-management commitment to uphold the highest industry standards for quality in the work place and ensure customer satisfaction.

## **MEMBER AND LOCAL UNION RESPONSIBILITIES**

To ensure the UA Standard for Excellence platform meets and maintains its goals, UA business managers, shop stewards and local memberships shall ensure all members:

Arrive on time. Adhere to lunch and break times. (Personal cell phones are only used at this time)

Be prepared with required tools. Respect tools and equipment supplied by employer.

Adhere to the zero tolerance substance abuse policy.

Eliminate work disruptions.

Ensure safe on-time completion of projects.

Respect property. Vandalism is not tolerated.

Be productive and dress appropriately.

Respect and adhere to employer and customer rules and policies.

Follow management directives.

Enhance skill level by using local and international training classes and take advantage of the certification system.



# **STANDARD FOR EXCELLENCE**

## **EMPLOYER AND MANAGEMENT RESPONSIBILITIES**

**MCAA / MSCA / PFI / MCPWB / PCA /**

UAC and NFSA and its signatory contractors have the responsibility to manage their jobs effectively.

They have the following responsibilities under the UA Standard of Excellence:

Ineffective management, superintendents, journey workers and apprentices will be returned to the referral hall.

Provide worker recognition.

Ensure all materials needed are available.

Provide storage for tools.

Provide leadership to jobsite supervisors.

Ensure leadership takes responsibility for mistakes created by management decisions.

Be consistent and fair with disciplinary action.

Create and maintain a safe work environment.

Promote and support continued education and training.

Have properly manned projects.

Treat employees with respect.

Cooperate and communicate with job steward.

*More about the UA Standard for Excellence policy can be reviewed at your local union headquarters.*

# STANDARD FOR EXCELLENCE

Dear Apprentice:

When you sign your apprentice agreement and become indentured to your apprenticeship committee, you took the first steps toward becoming a United Association (UA) journeyman, a distinction known as the best trained and most productive worker in the construction trades. The UA and its signatory contractors are committed to providing you the best education and training available in your chosen craft. As part of that pledge, the UA, in partnership with various employer associations, has adopted the attached Standard for Excellence policy.

These standards apply not only to journeyman, but to you as well. You are the life blood and future of this organization. The work habits you learn in your apprenticeship will carry over to your work as a journeyman and will be the foundation upon which the UA and its signatory contractors seek to protect and expand their market share. Your dedication to these principles will show the owners that the UA's commitment to excellence is not a short-term gimmick, but a genuine pledge now and for the future. Your local joint apprenticeship committee has adopted these standards as an official policy, thereby cementing them into the fabric of your workplace experiences. Please sign in the space provided below, indicating your receipt of the Standard for Excellence, your acknowledgement that they have been explained to you and your agreement to be bound to these principles.

Thank you for the hard work you do in learning your craft. Keep it up and join me as we move forward on a platform built upon the Standard for Excellence.

Fraternally yours,

***Jim Noon***

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Date

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Apprentice Signature

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Apprentice Name - Please Print