Reset ?

NOTE: You can fill out these fields for printing, but cannot save the values here

Accelerated Secondary Apprenticeship Program

# *Application for Youth Apprenticeship*

***Department of Education***

**TRADE** _____

**PERSONAL INFORMATION** (please print)

| Name | | Address | |
|---|---|---|---|
| City, Town | Province | Postal Code | Home Telephone |
| Social Insurance Number | Date of Birth | Parent/Guardian | Work Tel. # |

**EDUCATION**

| Present School | Current Grade | Current School Year | Trade Courses Taken In School |
|---|---|---|---|
| | | **20 ____ to 20 ____** | |

* Expected graduating year: **June, 20_____**

**TRADE RELATED WORK EXPERIENCE** (start with current employer)

| From M / Y | To M / Y | Company | Supervisor &Tel # | Job Description |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

I hereby certify that the information submitted in this application is true in every respect. I also grant the Department of Education authority to make inquiries to confirm the provided information and to release information involved with this application to similar government departments within Canada.

_____ _____

*Signature of Applicant* *Date*

**I give my permission for _____to participate in the Accelerated Secondary Apprenticeship Program.**

_____ _____ _____

*Parent/Guardian* *Phone # (s)* *Date*

This information is being collected in accordance with Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and transcripts may be utilized in the youth apprenticeship program for the purpose of verifying grades which permits participants to receive credit hours.

**Forward to:** **Youth Apprenticeship Coordinator**
**Department of Education**
**P.O. Box 2000**
**Charlottetown PE C1A 7N8**