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

Application for Youth Apprenticeship

Accelerated Secondary Apprenticeship Program

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