



Department of Innovation and Advance Learning
Application for Apprenticeship

Trade: _____

PERSONAL INFORMATION (Please print)

Full Name: _____	Social Insurance Number: _____
Mailing Address: _____	Date of Birth: (D/M/Y) _____
City/Town: _____	Phone: _____ Cell: _____
Province: _____ Postal Code: _____	Next of Kin: _____
E-mail Address: _____	Phone: _____ Relationship: _____

Region in which you live (please check only one):

East Prince ____ West Prince ____ Central Queens ____ Eastern Kings ____ Southern Kings ____ Charlottetown ____

Current Employer: _____

Employer's Mailing Address: _____

Start Date with Current Employer: _____ **Employer's Phone:** _____

High School: School Name: _____ Grade Completed: _____

POST SECONDARY TRAINING (List any school or GED program you attended after high school)

From Date (D/M/Y)	To Date (D/M/Y)	Name of College or School	Course Title	Completed Yes or No

LIST *OTHER* PAST TRADE RELATED WORK EXPERIENCE (Not current)

From Date (D/M/Y)	To Date (D/M/Y)	Nature of Work	Employer Name and Phone #

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 work experience and to release information involved with this application and results of any associated examinations to similar government departments within Canada.

Signature of Applicant

Date

Forward to: Apprenticeship Training Officer
Department of Education
P.O. Box 2000
Charlottetown, PE C1A 7N8

For Office Use Only		
Apprentice _____	Conditional _____	Challenger with Training _____
Approved _____	Denied _____	Training Officer _____