



Enrolment Form for Apprenticeship Technical Training



Apprentice:	ID Number:	Trade:
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Employer's Name/Address

Employer Name:

Employer Address:

City/Province/Postal Code:

Phone #:

Apprentice's Name/Address

Apprentice Name:

Apprentice Address:

City/Province/Postal Code:

Phone #:

Birthdate (yyyy/mm/dd):

If you wish to provide your Social Insurance Number, it will be provided to Human Resources Development Canada to expedite the payment of Employment Insurance (EI) benefits to you while attending technical training, if eligible:

Social Insurance Number:

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CLASS REQUESTED: *Refer to enclosed 'Apprenticeship Technical Training Schedule'*

Institute/College _____

Institute/College ID# _____

Trade/Program _____

Period _____

First Choice

Class Dates (start/end dates)

Class Code:

Optional Second Choice (if available at Institute)

Class Dates (start/end dates)

Class Code:

Method of Payment for Tuition Fees: *Refer to Institute "Apprenticeship Enrolment Information" instruction sheet for amount of payment to be enclosed*

Credit Card:

Master Card VISA Other

Card Holder Name: _____

Card #: _____

Expiry Date: _____

Amount Approved: _____

Please Attach:

Cheque: _____ Money Order: _____

Company Purchase Order #: _____

Company Name: _____

Company Address: _____

Company Tel. / Contact: _____

Apprentice Signature: _____

Date: _____

Notification: The personal information being collected in this form will be used to enroll you in technical training and to administer your apprenticeship program. Our authority for collecting this information is section 33(c) of the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25. If you have any questions about the collection of this information, you may contact the Senior Manager, Business Integration, Apprenticeship and Industry Training, 10th Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta, T5J 4L5, Telephone (780) 427-8765, Fax (780) 422-7376.

Contact or forward your completed form to the appropriate institution (see enclosed Institution Information sheet)