

Application for Apprenticeship Training

Skilled Trades Ontario (STO) uses this application to assess your eligibility for a registered training agreement under which you would receive training from a sponsor in a trade required as part of an apprenticeship program. By making this application, you are authorizing STO to verify any of the information provided.

Section 1 – Applicant Information

Client ID # (if any)	Trade Name	Trade Code (if known)
----------------------	------------	-----------------------

Check if you have participated in one or more of the following programs

<input type="checkbox"/> Pre-Apprenticeship Training Program	<input type="checkbox"/> Co-op Diploma Apprenticeship (CODA)	<input type="checkbox"/> Ontario Youth Apprenticeship Program (OYAP)	If completed, when? (dd/mm/yyyy)
<input type="checkbox"/> Pre-Apprenticeship Training Program <input type="checkbox"/> Co-op Diploma Apprenticeship (CODA) <input type="checkbox"/> Ontario Youth Apprenticeship Program (OYAP)			

First Name	Middle Initial	Last Name
Preferred First Name	Date of Birth (dd/mm/yyyy)	Social Insurance Number (SIN)
Home Telephone Number	Cell Telephone Number	Email Address

Mailing Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Gender

I identify as (check one of the following):

Male
 Female
 Trans
 Other _____
 Prefer not to disclose

Marital Status

Married/Common law
 Single
 Prefer not to answer

Number of dependants

_____ Prefer not to answer

Highest Level of Secondary Education Completed (check one of the following)

<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 10
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12 or equivalent, including General Educational Development (GED) Certificate	<input type="checkbox"/> Grade 13 or Ontario Academic Credit (OAC)

Postsecondary Education and/or Training Completed (check all that apply)

<input type="checkbox"/> Some College	<input type="checkbox"/> Some University	<input type="checkbox"/> Postsecondary certificate
<input type="checkbox"/> Postsecondary diploma	<input type="checkbox"/> Undergraduate degree	<input type="checkbox"/> Postgraduate degree
<input type="checkbox"/> Certificate of apprenticeship in a trade	<input type="checkbox"/> Certificate of qualification in a trade	<input type="checkbox"/> None of the above

Out of Province Apprenticeship Training

Please check all the boxes below that apply to your situation:

I have completed some training as a registered apprentice in Canadian province or territory other than Ontario.

If yes, specify which province or territory: _____

I plan to complete my apprenticeship training in Ontario.

I am maintaining my apprenticeship registration in my home province or territory, and do not plan to complete my apprenticeship training in Ontario.

LanguagePreferred Language of Communication English French | Preferred Language of Instruction English French

Residency Status (check one of the following) Canadian Citizen Permanent Resident Temporary Resident**Immigrant** (mandatory if you answered "Canadian Citizen" above) Yes NoYear of Immigration _____

Voluntary Disclosure

Your responses to the following questions are entirely voluntary and will not affect your application to participate in an apprenticeship but it may limit you/or your sponsor's eligibility to receive certain financial incentives now or in the future. The information will be used by Canada and Ontario for policy analysis and statistical purposes related to employment programs and services.

Language HistoryPrimary Language English French OtherLanguage of Instruction at prior Educational Institution(s) English French Bilingual Other

Self-Identification

Please indicate which of the following group(s) you self-identify with (if any)

 Person with a Disability Racialized Person Indigenous Person (First Nations, Métis or Inuit) Prefer not to answer

If you self-identify as an Indigenous person, are you

 First Nations Métis Inuit Prefer not to answer

Employment Insurance (EI) Status Currently in receipt of EI Received EI in the last 3 years but not currently receiving
 Application for EI in progress Application for EI denied None of the Above

Section 2 – Verification/Proof of Education and Age

You must provide documented proof of age, SIN and education for examination and verification by STO. Indicate the type of document in each of the sections below. You can provide your documentation to STO by (in order of preference):

- **Email:** Please call Skilled Trades Ontario for secure email instructions at 647-847-3000 or Toll-free (Ontario only) at 1-855-299-0028, Monday - Friday from 7am-7pm **or**
 - **Mail:** Send photocopies (not originals) of the documents via secure mail to Skilled Trades Ontario, PO Box 2354 RPO SQ1 Shoppers, Mississauga, ON L5B 3C8
-

Proof of Age (indicate at least one from the list, below) Baptismal certificate Birth certificate Driver's licence Passport (Valid or Expired)
 Nexus card Ontario/Canadian registration licence Ontario photo card (new Ontario ID card)

Or one of the following, **with** (if not a photo ID) a recent photo accompanied by a letter from a notary public or lawyer naming you and confirming the date of the photo:

 Certificate of Canadian citizenship or naturalization (not commemorative issue) Government of Canada certificate of Indian or Métis status
 Current identity document issued by a Canadian government ministry or agency with a vigorous registration or security clearance process (OPP or RCMP security check)

Proof of Social Insurance Number (indicate one from the list below) SIN card Government income tax form Record of employment (ROE)

Proof of Education and/or Training (indicate at least one from the list below)

- Academic transcript
 Secondary school diploma
 Post-secondary school diploma or degree
 Trade certificate
 Academic upgrading certificate
 GED certificate

Proof of education and training indicated above is from (indicate at least one from the list below):

- Canada
 Another country

Section 3 – Sponsor (or Employer) Information (e.g., Where you are working in the trade)

Full Legal Name of Sponsor	Sponsor ID Number (if known)
----------------------------	------------------------------

Mailing Address of Sponsor

Unit Number	Street Number	Street Name	PO Box
-------------	---------------	-------------	--------

City/Town	Province	Postal Code
-----------	----------	-------------

Sponsor Telephone Number	Email Address	Fax Number
--------------------------	---------------	------------

Applicant's Start Date of Employment (dd/mm/yyyy)	Applicant's Regular Working Hours per Week
---	--

Information about Sponsor's Representative

First Name	Middle Initial	Last Name
------------	----------------	-----------

Work Telephone Number	Email Address	Job Title
-----------------------	---------------	-----------

Signature of Sponsor's Representative	Date (dd/mm/yyyy)
---------------------------------------	-------------------

Section 4 – Collection and Use of Personal Information

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by Skilled Trades Ontario (STO) to administer and finance Ontario's apprenticeship training program. STO will collect relevant personal information directly from you and indirectly from your school board, employer, sponsor, training institution, Employment Ontario (EO) service provider, Ministry of Labour, Immigration, Training and Skills Development (MLITSD) and Government of Canada for these purposes and may also disclose your personal information to these organizations. MLITSD may use the services of Ontario ministries, contractors and auditors to administer and finance apprenticeship training. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to apprenticeship training.

Administration includes assessing and verifying your eligibility for apprenticeship, including your age, education, registering you as an apprentice and maintaining your file; working with you, your training institutions and your employers or sponsors to support your progress in and completion of workplace and classroom training; conducting examinations; issuing certificates of apprenticeship; evaluating, monitoring and auditing your progress and the activities of your employers, sponsors, trainer(s) and training institutions; enforcing the agreements between STO and your employer, sponsors and training institutions; conducting inspections and investigations; and detecting, monitoring and preventing fraud.

Apprenticeship training is funded in part by the Workforce Development Agreement (WDA) and the Labour Market Development Agreement (LMDA) between the Government of Canada and Ontario. Under these agreements, STO is required to collect your social insurance number to provide reports to the Government of Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the *Employment Insurance Act* (EIA) and to track the progress of all clients participating in programs and services funded under these agreements. Information you provide on education level, immigration status, Employment Insurance eligibility, Francophone status and prior participation in special apprenticeship programs helps design policies and programs to support apprenticeship completions, and better meet reporting requirements under the WDA.

STO will collect and disclose your personal information, including your contact information and other information in your registered training agreement(s), under s. 62 and 63 of the *Building Opportunities in the Skilled Trades Act, 2021* (BOSTA),

STO may also disclose your personal information to:

- any person employed in the administration of similar legislation in any Canadian province or territory (s. 63(6)(a) of the BOSTA, 2021); and
- to any person for the purpose of administering the Act or fulfilling the Corporation's functions (s. 63(6)(b) of the BOSTA, 2021); and
- to any person if, in the opinion of the chief executive officer, the disclosure or communication would clearly benefit the individual who is the subject of the information (s. 63(6)(c) of the BOSTA, 2021); and
- to Statistics Canada, if required under s. 13 of the *Statistics Act*, R. S. 1985, c. &19, as amended.

Your personal information is collected under the authority of the BOSTA, 2021 S.O. 2021, c.28; the WDA, the LMDA, and ss. 3, 63 and 139 of the EIA, S.C. 1996, c. 23, as amended, s. 76.29 of the Employment Insurance Regulations, S.O.R./96-332, ss.10, 34(1) and 36(1) of the *Department of Human Resources and Skills Development Act*, S.C. 2005, c. 34; s. 8 of the *Privacy Act*, R. S.C. 1985, c. P-21, as amended; and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c. F. 12, as amended.

Questions about the collection, use and disclosure of your personal information may be addressed to the Director, Corporate Reporting, Skilled Trades Ontario, by email at foi@skilledtradesontario.ca, by telephone at 647-847-3000 or toll-free (in Ontario) at 1-855-299-0028, and by mail to Skilled Trades Ontario, PO Box 2354 RPO SQ1 Shoppers, Mississauga, ON L5B 3C8.

By signing this form, you give consent to STO to collect, use and disclose personal information about you as described above.

Signature of Applicant	Date (dd/mm/yyyy)
Signature of Parent/Guardian (if applicant is under 18 years of age)	Date (dd/mm/yyyy)

Instructions

The completed application must include your signature, the signature of the sponsor's representative and if you are under 18 years of age, the signature of your parent/guardian. Submit the completed form and proof of age, SIN and education documents to STO as directed in section 2.