



# PLAN A

## Summer Youth Employment Program

The Plan A Summer Youth Employment Program provides paid work experience to students interested in a career in Carpentry. As a student, you can earn up to 16 credits towards your high school diploma and may be eligible for a \$1000.00 award if requirements are met. You also receive apprentice training and opportunities for advancement and support towards the cost of tuition in moving forward with your Level 1 technical training. We consider skill, safety, quality, productivity, and attitude to be the keys to success in the industry. This program will be offered during July and August.

- **Monday, May 15<sup>th</sup>** is the deadline for the Plan A application
- **Wednesday, May 24<sup>th</sup>** there will be a ZOOM info session for the registered students, their parents and teachers.

Plan A students will need to complete the following safety training courses:

- CSTS-2020, including WHMIS 2015 Online Course – needs to be completed by **Monday, July 3<sup>rd</sup>**
- COVID Prep Online Course – needs to be completed by **Monday, July 3<sup>rd</sup>**
- BCRCC Fall Protection - in-person training offered on **Thursday, July 6<sup>th</sup>**

Students who do not complete their safety training before their work-start date of **July 10<sup>th</sup>, 2023**, will not be able to participate.

Students are expected to partake for the full summer. This year, our program will only offer full-time placements, and the hourly wage for the students will be \$20/hr. Due to the nature of construction work, there are no guarantees that a work site will be available close to a student's home location. Students must be prepared to travel to reach their daily job site. Most contractors will have a start time of 7:00 am and an end time of 3:00 pm. Students will be notified if there is a variance in these hours.

The union will provide students with a toolset of an approximate cost of \$190. A \$100 deposit cheque will be required on **July 6<sup>th</sup>** to receive the toolset. If the employment is obtained for at least six weeks, the deposit will be refunded, and the tools can be kept at no cost. However, the deposit will not be refunded if the student does not complete six weeks of employment.

\*Please get in touch with Merissa Cox or Ivannia Garza at the Training Department if there are any financial concerns or issues: [trainingadmin@bccrc.ca](mailto:trainingadmin@bccrc.ca)

Students can expect to receive their tools and worksite location on **July 6<sup>th</sup>** after their Fall Protection class.

Any students interested in joining the program must fill out and sign the attached forms.

## British Columbia Regional Council of Carpenters – Local 1598 Youth Employment Project

- 1) Social Insurance Number:
- 2)     
Last Name First Name Middle Name
- 3)      
Address City Province Postal
- 4)  5)  6)   
Telephone Date of Birth (Post) Secondary School Name
- 7)    
Cell phone E-Mail
- 8)    
Parents cell phone Parents E-Mail

List Previous Experience and/or Safety Certifications (if any):


Do you identify as female:

Do you identify as indigenous:

Transportation Method (please check the boxes that apply): Bus  Car Transportation

Other:

Area of Town Closest to You:

Start Date:  Hours of Work Full Time

### AUTHORIZATION:

#### CONSENT TO THE COLLECTION, USE, AND DISCLOSURE OF THE PERSONAL INFORMATION

I understand that the information I have given on this form may be collected, used and disclosed by the British Columbia Regional Council of Carpenters and its Locals for the purpose of assessing eligibility for employment or training opportunities through the British Columbia Regional Council of Carpenters. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act.

\_\_\_\_\_  
Signature of Applicant

Date

## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Return completed and signed registration form to the school district/board authority contact. Provide both the student and the sponsor signed copies of the registration form and file the original in the student's permanent records for audit purposes.

**\* Bold Fields are Mandatory**

### A. APPRENTICE INFORMATION

Please indicate if this is a <input type="checkbox"/> <b>New Registration</b> <input type="checkbox"/> <b>Update of a previous Registration</b>		SkilledTradesBC Individual ID #:(leave blank for new registration)
<b>*Legal First Name:</b>	Legal Middle Name (s):	<b>*Legal Last Name:</b>
<b>*Date of Birth (MM/DD/YYYY):</b>	<b>*Gender:</b> <input type="checkbox"/> <b>Man</b> <input type="checkbox"/> <b>Woman</b> <input type="checkbox"/> <b>Non-Binary</b> <input type="checkbox"/> <b>Prefer not to answer</b>	PEN:
Suite Number:	<b>*Mailing Address:</b>	
<b>*City:</b>	<b>*Province:</b>	<b>*Postal Code:</b>
<b>*Phone Number:</b> (   )	Secondary Phone Number: (   )	<b>*Email Address:</b>
Do you agree to receiving text message (SMS) notifications to you primary phone number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*High School Graduation Date (MM/DD/YYYY):</b>	<b>*Name of School:</b>	<b>*Have you participated in a Youth Discover the Trades event?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

\*All communication from SkilledTradesBC will be sent to the e-mail address provided.

### B. SPONSOR/EMPLOYER INFORMATION

<b>*Name of Sponsor Organization:</b>	SkilledTradesBC Sponsor ID # (if already registered):	<b>*Supervising Tradesperson Contact Name (First &amp; Last):</b>
<b>*Contact Person:</b>		<b>*Certificate # or Sign-Off Authority #:</b>
Suite Number:	<b>*Mailing Address:</b>	
<b>*City:</b>	<b>*Province:</b>	<b>*Postal Code:</b>
Phone Number and Extension: (   )		<b>*E-mail:</b>

### YOUTH WORK IN TRADES

<b>*Trade Name:</b>	School District/Independent School Authority:
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## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

### Apprentice Responsibilities, Declaration, Authorization And Consent

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

#### C. AGREEMENT TO FULFILL RESPONSIBILITIES OF APPRENTICE

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
  - scheduling and registering myself into and successfully completing required Technical Training at a SkilledTradesBC-approved training institution of my own choice, OR
  - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

#### D. ACCURACY OF INFORMATION PROVIDED

I declare that:

all information I have provided or will provide to SkilledTradesBC in the future is true and complete.

I agree to:

immediately notify SkilledTradesBC regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to SkilledTradesBC, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled, and I may not be allowed to re-register,
- my trade certificate issued by SkilledTradesBC may be cancelled, and/or
- I may be subject to criminal prosecution.

#### E. AUTHORIZATION TO COLLECT INFORMATION INSIDE OR OUTSIDE OF CANADA

I agree that SkilledTradesBC may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
  - my current and former employers
  - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to SkilledTradesBC.

#### F. CONSENT TO DISCLOSE INFORMATION

I agree to allow SkilledTradesBC, in accordance with the *BC Freedom of Information and Protection of Privacy Act* to use and provide to others personal information I have provided on my apprentice registration form, as well as any other information necessary for administering the apprenticeship training program in which I am registered and to provide my personal information to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs.

I also agree to information from my apprenticeship record with SkilledTradesBC being provided to others as follows:

## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which SkilledTradesBC believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers: Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

### **G. OPTION TO RECEIVE SOME COURSE NOTIFICATIONS (THIS SECTION MUST BE COMPLETED BY APPRENTICE)**

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with SkilledTradesBC-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by SkilledTradesBC of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

**Select appropriate statement:**

- SkilledTradesBC may provide** my contact information to SkilledTradesBC-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- SkilledTradesBC may NOT provide** my contact information to SkilledTradesBC-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

**NOTE TO APPRENTICE:**

**If you have a question or concern about SkilledTradesBC’s use of your personal information, contact a SkilledTradesBC Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011**

### **H. APPRENTICE SIGNATURE**

**“By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form.”**

Apprentice’s Signature:	Date (MM/DD/YYYY):
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## YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

### Sponsor Responsibilities and Declaration

#### I. AGREEMENT TO FULFILL RESPONSIBILITIES OF SPONSOR

**I understand and agree that it is my responsibility to:**

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of a SkilledTradesBC-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice’s Industry Training Program;
- Submit all forms and documents required by SkilledTradesBC to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

#### J. ACCURACY AND CURRENCY OF INFORMATION PROVIDED

**I declare that:**

- the apprentice’s work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to SkilledTradesBC is true and complete.

**I agree to:**

immediately notify SkilledTradesBC regarding any future changes to information I have provided.

**I acknowledge that:**

if I knowingly provide untrue information or false documents to SkilledTradesBC regarding my apprentice, or fail to provide information or documents requested by them:

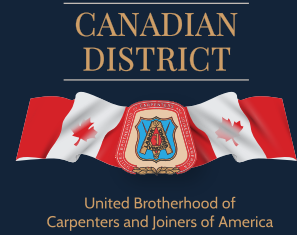
- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice’s registration may be cancelled, and the apprentice may be prevented from re-registering,
- a trade certificate issued by SkilledTradesBC to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

#### K. SPONSOR SIGNATURE

**“By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form.”**

Sponsor’s Signature:	Date (MM/DD/YYYY):
Parent/Guardian’s Signature:	Date (MM/DD/YYYY):
SD/BA Contact’s Signature:	Date (MM/DD/YYYY):

# Apprenticeship Service Program



## Employee Application Form

Apprentice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employed by: \_\_\_\_\_

Trade: \_\_\_\_\_

Are you a union member?  Yes  No

Are you an indentured apprentice?  Yes  No

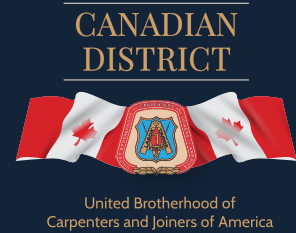
### Disclaimer and Signature:

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Apprenticeship Service Program



## Self-identification Form

(Confidential when completed)

This form is designed to collect information for the Apprenticeship Service Project (ASP). Your response is voluntary, and you may identify in more than one designated group.

The information you provide will be used to provide project data to the Government of Canada (GoC) for the purpose of monitoring the ASP, assessing its contribution to the overall objectives of the funding program, and to inform future policy development.

Thank you for your cooperation.

### 1. Gender:

- Woman       Non-binary/non-conforming
- Man       Prefer not to respond
- Other: \_\_\_\_\_

### 2. A person with a disability

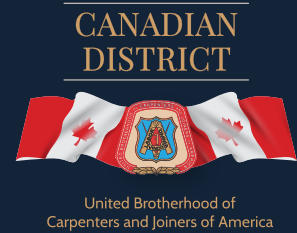
Persons with disabilities are participants who self-identify as having have a disability in one of the following categories: Seeing, Hearing, Mobility, Flexibility, Dexterity, Pain-related, Learning, Developmental, Mental health-related, and Memory. The disability must result in a limitation in daily activities. The presence of a difficulty alone is not sufficient – individuals whose disability rarely presents them with some level of difficulty in their daily activities are excluded.

Are you a person with a disability?

- No       Yes



# Apprenticeship Service Program



### 3. An Indigenous person

Indigenous individuals are participants who self-identify as having Indigenous identity. This includes those who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band.

Are you an Indigenous person?

No  Yes

### 4. A person in a visible minority

Persons who self-identify as being a visible minority. The Employment Equity Act defines visible minorities as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour”.

Are you in a visible group?

No  Yes

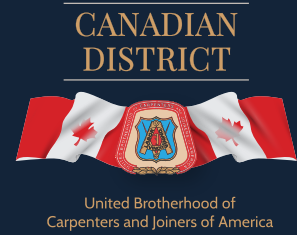
### 5. Newcomers

Newcomers are participants who self-identify as having arrived in Canada within the last ten years and are legally entitled to work in Canada, including permanent residents, Canadian citizens or persons granted refugee status in Canada.

Are you a newcomer?

No  Yes

# Apprenticeship Service Program



## 6. LGBTQ2S+

Persons who self-identify as a member of the LGBTQ2S+ community. The acronym LGBTQ2S+ includes lesbian, gay, bisexual, or another minority sexual identity such as asexual or pansexual, as well as minority gender identity (trans and non-binary identities like genderqueer, gender fluid, pangender or agender).

Are you LGBTQ2S+?

No

Yes

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

300-93 Lombard Avenue, Winnipeg, Manitoba, R3B 3B1  
Phone: 204-954-7646