



APPRENTICESHIP TRAINING REGISTRATION

NIC STUDENT NUMBER	ITA ID #
CURRENT HOME TELEPHONE	CELL PHONE NUMBER

LEGAL LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE (YYYY/MM/DD)
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INDICATE APPRENTICESHIP LEVEL, START TERM and DATES

If applying for Level 2, 3 or 4, you *must* have successfully completed all the previous levels of technical training at NIC or elsewhere.

CARPENTRY

TERM

DATES

- Level 1 _____
- Level 2 _____
- Level 3 _____
- Level 4 _____

COOK

TERM

DATES

- Level 2 _____
- Level 3 _____

ELECTRICAL

TERM

DATES

- Level 1 _____
- Level 2 _____
- Level 3 _____
- Level 4 _____

HEAVY DUTY MECHANICS

TERM

DATES

- Level 1 _____
- Level 2 _____
- Level 3 _____
- Level 4 _____

LANDSCAPE HORTICULTURE

TERM

DATES

- Level 1 Enriched _____
- Level 2 Enriched _____

PLUMBING

TERM

DATES

- Level 1 _____
- Level 2 _____
- Level 3 _____
- Level 4 _____

WELDING

TERM

DATES

- Level 1 _____
- Level 2 _____
- Level 3 _____
- Specialty Metals Endorsement _____

Student will be notified when a seat is available.

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:

I declare that the information I have submitted on the application is true and correct. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. The ITA has its own policies related to an Apprentice and their employer/sponsors. It is the student's responsibility to ensure awareness and compliance with the ITA's policies.

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution. NIC reserves the right for the Registrar to share information with application ministries, government agencies, the Industry Training Authority, and/or your employer. NIC also reserves the right for the Registrar to share information with other post-secondary institutions in situations where the student has been found to have falsified documents or other information.

SIGNATURE: _____

DATE: _____

For Office Use Only

Received By: _____

Date and Time Received: _____