



APPRENTICESHIP TRAINING REGISTRATION

Office of the Registrar
 2300 Ryan Road Courtenay, BC V9N 8N6
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NIC STUDENT NUMBER	Skilled Trades BC #
CURRENT HOME TELEPHONE	CELL PHONE NUMBER

NAME

BIRTH DATE (MMM-DD-YYYY)

INDICATE APPRENTICESHIP LEVEL, START TERM and DATES (using information on the NIC website)

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

AUTOMOTIVE SERVICE TECHNICIAN TERM

Level 2

DATES

CARPENTRY TERM

Level 1

Level 2

Level 3

Level 4

DATES

COOK TERM

Level 2

Level 3

DATES

ELECTRICAL TERM

Level 1

Level 2

Level 3

Level 4

DATES

HEAVY DUTY MECHANICS TERM

Level 1

Level 2

Level 3

Level 4

DATES

METAL FABRICATOR TERM

Level 1

Level 2

Level 3

DATES

PLUMBING TERM

Level 1

Level 2

Level 3

Level 4

DATES

WELDING TERM

Level 1

Level 2

Level 3

Specialty Metals Endorsement

DATES

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 SkilledTradesBC 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 SkilledTradesBC'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: _____