



APPRENTICESHIP ENROLLMENT FORM FOR IN-SCHOOL TRAINING

This enrollment form must be returned to our office:

In person:

Training Support Officer
Department of Education
1000 Lewes Blvd., Whitehorse, Yukon

By mail:

Training Support Officer
Department of Education
P.O. Box 2703, Whitehorse, Yukon, Y1A 2C6

By fax:

867-667-8555

APPRENTICE INFORMATION	
Apprentice's name (first, middle, last)	Date of birth (required) YYYY/MM/DD
Trade	Level requested
Apprentice's address	Phone
	Fax
Employer's name and address	Phone
	Fax

CLASS REQUESTED (refer to enclosed <i>Apprenticeship Technical Training Schedule</i>)	
First choice: Institute/college _____	Level _____
Class start date: YYYY/MM/DD	Class end date: YYYY/MM/DD Class code _____
Second choice: Institute/college _____	Level _____
Class start date: YYYY/MM/DD	Class end date: YYYY/MM/DD Class code _____
NOTE: If you are planning on attending back-to-back training, you must wait until you have been in your first class for five days before applying for the next level. If you are planning on attending your final level of schooling, you must have hours into your final level prior to submitting an enrolment form.	

Apprentice's signature

Date

Note to employer: by signing this form, you are approving the training dates indicated and confirming that the apprentice is ready to attend this level of training.

Supervisor's name (print)

Supervisor's signature

Date

OFFICE USE ONLY: ITC REMARKS	
Industrial training consultant	Date