

## YOUTH APPRENTICESHIP - EXPRESSION OF INTEREST

PLEASE PRINT - Return completed form by mail to the above address or by fax.

### SECTION A: To be completed by the Youth Apprenticeship Coordinator

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

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Referred to: \_\_\_\_\_ Date Referred: \_\_\_\_\_  
(Print Name)

### SECTION B: To be completed by the individual

Mr/Ms \_\_\_\_\_  
First Name Middle Name Last Name

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender  M  F Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Are you currently enrolled in school?  Yes  No School Name: \_\_\_\_\_

If **yes**, present grade level:  9  10  11  12

If **no**, highest grade level achieved \_\_\_\_\_

Check the following career exploration programs/courses, if currently enrolled:

Co-Op  Options & Opportunities (O2)  Skilled Trades Center  Other \_\_\_\_\_

What trade are you exploring/working in? \_\_\_\_\_

Have you completed any work placements in this trade?  Yes  No How many? \_\_\_\_\_

Are you presently a **paid** employee in this trade either part or full-time?  Yes  No

If **yes**, name and telephone number of employer: \_\_\_\_\_

How did you hear about the WorKit Youth Apprenticeship Initiative? \_\_\_\_\_

*The Department will disclose personal information only with written consent of the individual,  
or in accordance with the Freedom of Information and Protection of Privacy Act.*