



GOVERNMENT OF BERMUDA

Ministry of Labour, Cultural Affairs and Sports

Department of Workforce Development

APPRENTICESHIP/TRAINEE PROGRAMME

Request for Sponsorship Apprenticeship/Trainee

Requirements:

1. **Name of Company:**

2. **Name of Apprentice/Trainee:** **Social Ins. #:**

3. **Occupation/Trade:**

4. **Date of employment:**

To be completed and submitted to the Training and Assessment Officer at the Department of Workforce Development, to commence the Apprenticeship/Trainee Contract process. For further assistance, please contact the department at 297-7714.

Department of Workforce Development
23 Parliament Street, Hamilton, HM 12
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www.dwd.bm