



Apprenticeship Application Form

This form contains three parts: the **Apprenticeship Application**, the **Employer Application** and the **Apprenticeship Training Agreement**. Each of these must be filled out completely in order for the apprenticeship application to be processed. Please be accurate with dates, phone numbers, addresses etc. and please print clearly. Incomplete forms or forms that cannot be read will be returned to the applicant.

The **Apprenticeship Application** must be completed by the applicant (apprentice). To receive credit for high school trade courses, the applicant must submit a copy of their high school transcript with the application form. To receive credit for post secondary courses, the applicant must submit a copy of their graduation certificate with the application form.

The **Employer Application** must be completed by the employer.

The **Apprenticeship Training Agreement** must be signed by the applicant and the employer or employer's representative. These signatures must be witnessed. If the applicant is under 18 years of age, a parent/guardian must also sign the application.

Send completed applications to:

**New Brunswick Registered Barbers' Assoc
23 Main Street West
Saint John, NB, E2M 3M9**

Please retain these instructions for your records.

For more information, contact the **NBRBA Apprenticeship Section at 506-693-6357.**

Name of Apprentice: _____

Name of Barber who will be the instructor

Name: _____ **License#** _____

For Office Use Only	Trade: APPRENTICE BARBER	Registration Number:
	Registrar of Apprenticeship Signature _____	Date Registered with Registrar of Apprenticeship _____

Apprenticeship Application



1. Trade APPRENTICE BARBER

2. Application Type (check one) 3000 Hour Program 1500 Hour Program

Apprenticeship Program Accelerated Secondary Apprenticeship Program (ASAP) (high school students)

3. Personal information: Mr./Mrs./Ms. (Circle one)

Legal First Name _____ Middle Name _____ Last Name _____ Date of Birth (DD/MM/YY) _____

Mailing Address _____ City _____ Province _____ Postal Code _____

Primary phone # _____ Cell # _____ Social Insurance Number _____ Email Address _____

Alternate contact person:

Applicants under 18 years of age **must** include the name of a parent or guardian. Optional for applicants over 18.

Name _____ Relationship to apprentice _____ Phone# _____ Cell # _____

4. Education information: (Please attach a photocopy of your certificate or transcript for proof of completion.)

High School Name _____ Grade completed _____

Date expected to graduate (for ASAP/high school students) _____

High School Equivalency (GED) obtained? Yes No

Did you attend a pre-employment program (college) or block release training program?

Yes No Trade _____

Dates attended _____ to _____ Training Institution _____

Note: To receive credit for previous in-school training, you must supply proof of completion.

5. Previous trade employment:

Business Name _____ City/Province _____ Start Date _____ End Date _____ Trade _____ #of Hours _____

Note: To receive credit for these hours, you must supply a copy of your Record of Employment or a letter from your employer or from the school where training was completed.

6. Completion of this part of the application is voluntary:

Do you have an employment related disability/condition which you wish to indicate?

Hearing Learning difficulty Mobility Speech Vision Other

Apprenticeship Application

Consent to Share Personal Information

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.N.B. 2009, c. R-10.6 as it relates directly to and is necessary for determining your eligibility for the NBRBA Apprenticeship Program. If you have any questions about this collection of personal information you may contact the Registrar of the New Brunswick Registered Barbers' Association, 23 Main Street West, Saint John, NB, E2M 3M9, (506)693-6357 or email: registrar@nbrba.com

I understand that to administer, monitor and evaluate my apprenticeship training, the NBRBA Apprenticeship Section may need to collect or provide personal information about me to:

- My current and former employers
- Accredited training providers that provide technical training to me
- Government officials responsible for apprenticeship or trade certification programs in Canadian provinces and territories to verify my status under the NBRBA Apprenticeship program
- Other provincial government education branches, schools, school divisions to verify education credentials
- Employment and Social Development Canada (ESDC) to assist in obtaining financial support
- Other provincial government officials to administer and enforce workplace legislation
- Canadian Council of Directors of Apprenticeship (CCDA) and Employment and Social Development Canada (ESDC) officials to administer the Interprovincial Standards Red Seal Program and/or to confirm my status as a Red Seal program client listed in the Interprovincial Computerized Management System (ICEMS) database
- Alternate contact

Apprentice Signature

- I understand the "Consent to Share Personal Information" and I hereby make application for apprenticeship, and I declare that:
- The information I have provided is true and complete in all respects and that I have not withheld any relevant information. (Note: It is an offence under the *Evidence Act R.S.C. 1985, c. C-5*, to provide false information.)
- I will notify the NBRBA Apprenticeship Section office of any subsequent changes in the information contained on this application.
- I will notify the NBRBA Apprenticeship Section of any change of employer during my apprenticeship.

Signature of Applicant

Date

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Employer Application



1. Name of Prospective Apprentice _____
2. Trade APPRENTICE BARBER _____
3. Date Employment Started _____
4. Business Information

Business Operating Name _____

Mailing Address _____

City/Town _____

Province _____

Postal Code _____

Primary Phone # _____

Secondary Phone # _____

Fax# _____

E-Mail Address _____

Do you have a Registered or Master Barbers on staff who holds a Certificate of Qualification?

Yes No

If no:

Do you have a Barber who has a minimum of 7 years experience in the trade?

Yes No

Signing Authority for Employer

I have the authority as, or on behalf of, the employer to complete this Apprenticeship Application form.

Name

OWNER

Position with Employer

Signature

Date

Apprenticeship Training Agreement



The Term of apprenticeship commences on the date this agreement is registered with the Registrar of Apprenticeship and will terminate upon the cessation of employment, completion of the apprenticeship training period or by mutual consent of both the employer and apprentice. **Apprentices that have not completed Grade 12** or it's equivalent will be signed to a conditional agreement. By signing this agreement they agree to attain Grade 12 or its equivalent prior to the completion of their Apprenticeship term. Failure to do this will render this apprenticeship agreement null and void. The term of apprenticeship is flexible and a **Completion of Apprenticeship** certificate will be issued to apprentices who complete all portions of their training and achieve a pass mark in the **Certificate of Qualification** examination administered by Board of Barber Examiners of New Brunswick.

Witnesseth

1. The employer agrees to
 - a) accept and train the apprentice in all areas of the trade or occupation so far as the employer's facilities and availability of work permit;
 - b) ensure the apprentice is supervised by a Registered or Master Barber in the said trade and the ratio of apprentices to barbers, as established by the **Registered Barbers' Act**, for the trade, is not exceeded;
 - c) permit the apprentice to attend in-school training classes approved by the Board for the trade; and
 - d) cooperate with the Apprenticeship Training Officer, appointed by the Board responsible for the **Registered Barbers' Act**, in monitoring and recording apprentice's progress, and in scheduling in-school training.
2. The apprentice agrees to
 - a) work as an apprentice and be trained in the trade or occupation by the employer;
 - b) show caution and respect for the tools and equipment, goods and property of the employer and avoid any damage or waste of them;
 - c) show caution and respect for the goods and property of the employer's customers;
 - d) cooperate with the Apprenticeship Training Officer, appointed by the Board responsible for the **Registered Barbers' Act**, in monitoring and recording apprentice's progress, and in scheduling in-school training; and
 - e) register for in-school training in consultation with my employer (according to Apprenticeship Section policy) and attend the required in-school training classes for the trade or occupation.
3. The apprentice's rate of pay shall conform to the current collective agreement, if the employer is a party to the agreement, or to locally accepted rates in the absence of a collective agreement or as mutually agreed by the employer and apprentice.
4. All parties agree to be subject to and carry out the provisions of the **Registered Barbers' Act** as they apply to the trade or occupation and this agreement.
5. If this agreement is cancelled, all parties shall be notified.

In Witness thereof the parties hereto have hereunder set their hands the day and year aforesaid.

Witness Employer Signature Company Name (print) Date

Witness Apprentice Signature Apprentice Name (print) Date

Note: Applicants under 18 years of age must have the signature of a parent or guardian.

Witness Parent/Guardian Signature Parent/Guardian Name (print) Date

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	_____	_____