

**Section 1 – Program Participation**

Trade Name	Trade Code	Ontario Education Number (OEN)
Last Name	First Name	Middle Name/Initial
Preferred Name	Date of Birth (dd/mm/yyyy)	

**Gender**

I identify as (check one of the following):

- Male   
  Female   
  Trans   
  Other \_\_\_\_\_   
  Prefer not to disclose

**Marital Status**

- Married/Common law   
  Single   
  Prefer not to answer

**Number of dependants**

- \_\_\_\_\_  Prefer not to answer

Highest Grade Level Completed	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
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Home Telephone Number	Cell Phone Number	Email Address
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Name of School	Teacher Name	Teacher Telephone Number
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Do you wish to self-identify as set out below? Your response to this question is entirely voluntary and will not affect your eligibility for apprenticeship. This information will be used by Canada and Ontario for policy analysis and statistical purposes related to employment programs and services.

- First Nations   
  Racialized Person   
  Métis   
  Inuit   
  Person with a Disability

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

**Additional Information**

**Required Documentation Verified**

- Transcript   
  School Verification Form

**Residency Status** (check one of the following)

- Canadian Citizen   
  Permanent Resident   
  Temporary

**Immigrant** (mandatory if you answered "Canadian Citizen" above)

- Yes   
  No

Year of Immigration \_\_\_\_\_

## Notice of Collection of Personal Information and Consent

The goal of OYAP is to increase apprenticeship participation to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the Labour Market Development Agreement (LMDA) between Canada and Ontario. The ministry will collect relevant personal information indirectly from your secondary school and employer for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP. The ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP.

The ministry collects, uses and discloses your personal information under the authority of the *Building Opportunities in the Skilled Trades Act, 2021*; and s. 266.3(3) of the *Education Act*, R.S.O. 1990, c. E. 2, as amended and s. 2 of O. Reg. 440/01; and the LMDA.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor St E, 2nd floor, Toronto ON M7A 2S3, toll-free: 1-800-387-5656; Toronto: 416-326-5656; TTY: 1-866-533-6339.

By signing this form, you give consent to the ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)
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## Section 2 – Request for Registration

**To be completed only when applying to be registered as an apprentice.**

**By completing this section you confirm that the sponsor/employer has been notified that a request for registration is being submitted to the ministry and that the sponsor/employer agrees to register the apprentice.**

**Please check off the box below:**

Yes, the sponsor/employer has been notified.

Trade Name	Trade Code	
Social Insurance Number (SIN)	Ontario Education Number (OEN)	
Last Name	First Name	Middle Name/Initial

### Sponsor Information

Sponsor (full legal business name)	Sponsor ID (if known)	Sponsor Telephone Number
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### Sponsor Contact

Last Name	First Name	Middle Name/Initial
Contact Telephone Number	Contact Cell Phone Number	Contact Email Address

### Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Start Date of Co-op Placement (dd/mm/yyyy)	End Date of Co-op Placement (dd/mm/yyyy)	Hours per Week	

## Notice of Collection of Personal Information and Consent

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by the ministry to administer and finance Ontario's apprenticeship training program. The ministry will collect relevant personal information directly from you and indirectly from your secondary school, employer, sponsor, training institution, Employment Ontario (EO) service provider, Skilled Trades Ontario (STO) and Canada for these purposes and may also disclose your personal information to these organizations. The ministry may use the services of other Ontario ministries, contractors and auditors to administer and finance apprenticeship training. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to apprenticeship training.

Administration includes assessing and verifying your eligibility for apprenticeship, including your age, education, registering you as an apprentice and maintaining your file; providing financial assistance to you and your training institutions; working with you, your training institutions and your employers or sponsors to support your progress in and completion of workplace and classroom training; conducting examinations; issuing certificates of apprenticeship; evaluating, monitoring and auditing your progress and the activities of your employers, sponsors, trainer(s) and training institutions; reporting to Canada about the effectiveness of apprenticeship training as required under the Workforce Development Agreement (WDA) between Canada and Ontario and the Labour Market Development Agreement (LMDA) between Canada and Ontario; enforcing your agreements with the ministry and the legislation set out below; enforcing the agreements between the ministry and your employer, sponsors and training institutions; conducting inspections and investigations; detecting, monitoring and preventing fraud; and conducting policy analysis, evaluation and research related to all aspects of EO programs and services, including apprenticeship training.

Apprenticeship training is funded in part by the WDA and the LMDA. Under these agreements, the ministry is required to collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program under s. 3 of the *Employment Insurance Act* (EIA) and to track the progress of all clients participating in programs and services funded under these agreements. Information you provide on education level, immigration status, Employment Insurance eligibility, Francophone status and prior participation in special apprenticeship programs helps design policies and programs to support apprenticeship completions, and better meet reporting requirements under the Canada-Ontario WDA.

The ministry will disclose your personal information, including your contact information and your registered training agreement(s), to STO under s. 62 and 63 of the *Building Opportunities in the Skilled Trades Act, 2021* (BOSTA) when it is necessary for STO to carry out its responsibilities. The ministry may also disclose your personal information to:

- any person employed in the administration of similar legislation in any Canadian province or territory under s. 63.(5)(a) of the BOSTA, 2021; and
- to Statistics Canada, if required under s. 13 of the *Statistics Act*, R. S. 1985, c. &19, as amended.

Your personal information is collected under the authority of the BOSTA, 2021, S.O. 2021, c.28; the WDA, the LMDA, and ss. 3, 63 and 139 of the EIA, S.C. 1996, c. 23, as amended, s. 76.29 of the Employment Insurance Regulations, S.O.R./96-332, ss.10, 34(1) and 36(1) of the *Department of Human Resources and Skills Development Act*, S.C. 2005, c. 34; s. 8 of the *Privacy Act*, R.S.C. 1985, c. P-21, as amended; and s. 10.1 of the *Financial Administration Act*, R.S.O. 1990, c. F. 12, as amended.

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By signing this form, you give consent to the ministry to collect, use and disclose personal information about you as described above.

Signature of Applicant	Signature of Parent (if applicant under 18)	Date (dd/mm/yyyy)