



# UA TRAINING CENTRE APPLICATION FORM

Phone: (709) 747-5947; Fax (709) 747-4276

Website: [www.ualocal740.ca](http://www.ualocal740.ca)



You are required to complete and submit items 1-3 below to be eligible for acceptance; **incomplete applications/documentation will not be processed**. Once you have met the eligibility requirements for acceptance and a seat is available, an acceptance letter will be mailed to you.

Check ( ) to ensure you have included all required documentation

1. Complete the Application Form
2. Enclose a copy of your High School Transcript, or a copy of completion of ABE or GED. To apply as a mature student, you must complete a CAAT assessment for Grade XII equivalency. Please call to arrange a time. Note: The cost of this assessment is incurred by the student.
3. Return your Completed Application to the UA Training Centre:

UA Local 740 Training Centre  
Admissions Office  
P.O. Box 216  
Mount Pearl, NL  
A1N 2C2

## FUNDING

For participants seeking funding through Service Canada (formerly known as Human Resources), we recommend you contact your local office as soon as possible. Service Canada offices have procedures in place for assessing clients for approval for training and funding; these procedures may take 10+ weeks to complete.

To obtain information about student loans, you can visit the following on line sites [www.ed.gov.nl.ca/studentaid](http://www.ed.gov.nl.ca/studentaid) or [www.canlearn.ca](http://www.canlearn.ca), or contact the College.

NOTE: Registration fee \$ 25.00  
Students must pay a non-refundable registration fee on confirmation of acceptance to each program at the College.

# APPLICATION FOR APPRENTICESHIP TRAINING

1<sup>st</sup> Program Choice: Plumbing \_\_\_ Steamfitting-Pipefitting \_\_\_ Sprinkler System Installer \_\_\_

2<sup>nd</sup> Program Choice: Plumbing \_\_\_ Steamfitting-Pipefitting \_\_\_ Sprinkler System Installer \_\_\_

**NAME:** \_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
*P.O. Box/Street* *City* *Prov* *Postal Code*

**Date of Birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Educational Background

Are you a(n):

High School Graduate: Y N If no, date of graduation: \_\_\_\_\_

ABE or GED Graduate: Y N

Mature Student: Y N

(If you are not a high school graduate or did not complete ABE or GED, you must check "yes" for this question, and make arrangements to complete a CAAT assessment at the College)

Have you ever attended a Post-Secondary Institution before? Y N

If yes, Name of School and program attended.

\_\_\_\_\_

How did you learn about the UA Training Centre? (Please select one or more)

UA Web Site	Horizon/Telegram	UA Member
Current Student	Buy & Sell	Shoreline
Career Fair	Other	Radio Ad

Are you an applicant with a documented learning disability? Y N

Do you have a current driver's license? Y N

Are you prepared to attend school regardless of days or evenings or delivery time? Y N

Do you understand there is no guarantee of stable employment?      Y      N

Are you willing to attend training when scheduled by the training department(s)?      Y      N

**FUNDING**

I intend to apply (or have already applied) for Federal and/or Provincial Government Student Loan(s). If I am not completely covered under this aid, I am prepared to pay my own expenses.

Y      N

I can only attend if I receive sponsorship through HRLE.      Y      N

Paying own tuition.      Y      N

Other (Please specify) \_\_\_\_\_

If my application is accepted, I agree to comply with all rules and regulations as adopted by the Joint Apprenticeship Training Committee/UA Training Centre. Failure to do so can result in the termination of my apprenticeship.

I declare that this application is true to the best of my knowledge and I agree that any false statement(s) will be just cause for termination of my apprenticeship training. I agree to adhere to the college's policies and procedures. I understand and agree that I must sign a Contract of Tuition prior to commencing my program of studies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\* I have enclosed the following:

School Transcripts/Certificates (Successful completion of High School or GED Diploma)

<b>** For Office Use Only **</b>	<u>Notes</u>
Grade 12 Transcript ABE or GED Assessment Funding Confirmed Date Received _____	_____ _____ _____ _____