

Application Form

For office use only -

Date Application Received (mm/dd/yy):

APPLICATION CHECKLIST

- I have read and completed the application in full. (Incomplete applications will not be accepted.)
- I have included the WorkSafeBC clearance letter (unless not yet covered by WorkSafeBC).
- I am registered or have confirmed that I am eligible to be registered as a sponsor with ITA.
- An authorized representative of the organization has signed the application. (Unsigned applications and digital signatures will not be accepted.)

ATTENTION: Mac and mobile device users

Some interactive form features are not fully supported in PDF viewers like MAC Preview. For example, form calculations and character limits. Please ensure you have the latest version of Adobe Reader compatible with Mac. This free software comes in both PC- and Mac-compatible versions and you can download it at get.adobe.com/reader. Interactive PDF forms have been tested for compatibility with Adobe Reader 9 and higher. For more troubleshooting information, see [Fillable Form Help](#).

HOW TO APPLY

1. Read the Program Guide here: ourtrust.org/schoolworks
2. Complete this application form in full.
3. Questions? Call or email us at 1.250.489.2751 ext.3584 or schoolworks@cbt.org
4. Submit your application by email to schoolworks@cbt.org
5. You will receive an email confirming receipt of your application.

If email isn't an option, you can submit your application by mail, courier or fax:

Mail:

School Works Program
College of the Rockies
Main Campus
2700 College Way
Cranbrook, BC
V1C 5L7

Courier:

School Works Program
College of the Rockies
Main Campus
2700 College Way
Cranbrook, BC
V1C 5L7
1.250.489.2751
ext.3584

Fax: 1.250.489.0800

APPLICATION DEADLINE

We are currently accepting applications. We assess the applications as they come in, and continue until the Program funds have been committed.

Section 1: Applicant Information

Organization Information

Organization Name:

Organization Legal Name (if different from above):

Total Number of Employees*:

**Small Businesses must have no more than 20 employees, including management to qualify for this Program.*

Organization type:

Small Business First Nation Public Body Non-profit

CRA Business Number:

Date organization was established (mm/dd/yy):

Contact Information

Organization Mailing Address:

Community:

Province:

Postal Code:

Phone Number:

Fax Number:

Email:

Website:

Location student will be working (if different from above):

Primary Contact Name:

Phone Number:

Fax Number:

Email:

Insurance & WorkSafeBC Coverage

Do you have General Commercial Liability Insurance?

- Yes No
Amount of Coverage:

Do you have WorkSafeBC Coverage?

- Yes No
Account Number:
Please Note: Applicants will be required to demonstrate WorkSafeBC coverage is in place prior to the Apprentice starting work.
- I have obtained and submitted a WorkSafeBC Clearance Letter with this application. Click [here](#) to request a Clearance Letter from WorkSafeBC

Services

Small Businesses – Please select the category that most closely reflects your services.

- | | | |
|--|--|---|
| <input type="checkbox"/> Service | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Health Related |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Construction/Contractors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hospitality/Tourism | <input type="checkbox"/> Forestry/Mining | |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Agriculture/Food Products | |

Non-profit, Public Bodies and First Nations – Please select the category that most closely reflects your services.

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Social service | <input type="checkbox"/> Tourism/recreation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Economic development | <input type="checkbox"/> First Nations |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Arts/culture/heritage | <input type="checkbox"/> Other |

Brief Description of the organization:

Section 2: Apprentice Information

Please review the School Works: Apprentice Wage Subsidy Application Guide for detailed job and wage requirements.

Please select the appropriate category below:

- I am applying to hire a first level apprentice for full-time employment to complete their first level work-based training requirements.
- I am applying to retain an existing apprentices, already registered and participating with the School Works: Apprentice Wage Subsidy program to complete their second-level work-based training requirements in the same trade.

Which of the following trades will the apprentice be pursuing (select one)?

- | | |
|---|--|
| <input type="checkbox"/> Automotive Service Technician | <input type="checkbox"/> Refrigeration and Air Conditioning Mechanic |
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Sprinklerfitter |
| <input type="checkbox"/> Construction Electrician | <input type="checkbox"/> Steamfitter/Pipefitter |
| <input type="checkbox"/> Heavy Duty Equipment Technician | <input type="checkbox"/> Truck & Transport Mechanic |
| <input type="checkbox"/> Industrial Electrician | <input type="checkbox"/> Gasfitter |
| <input type="checkbox"/> Industrial Mechanic (Millwright) | <input type="checkbox"/> Sheet Metal Worker |
| <input type="checkbox"/> Machinist | <input type="checkbox"/> Metal Fabricator (Fitter) |
| <input type="checkbox"/> Motor Vehicle Body Repairer | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Plumber | |

Will you be able to hire an apprentice if you do not receive School Works: Apprentice Wage Subsidy funding?

- Yes No

Will this position displace a current employee?

- Yes No

How will hiring an apprentice benefit your organization?

Sponsorship and supervision

How will the apprentice be supervised?

Are you currently registered as an apprenticeship sponsor with the Industry Trade Authority?

- Yes No Registration is in progress

Apprentice hours and wages

Hourly wage for this position:

Does this wage reflect the market rate for similar positions?

- Yes No

If no, please explain:

Anticipated Start Date (mm/dd/yy):

Anticipated End Date (mm/dd/yy):

Please note: This Program can allow for a break in the employment period for an apprentice to complete technical training requirements.

Maximum Subsidy and Employer Costs Calculation

*This section will auto-calculate based on your entries above.	Max Hours Required:	Hourly Rate:	Total:
Apprentice Wage Subsidy Requested:		\$	\$
Employer Wages Committed:		\$	\$

Please note: This is an estimate. Actual funding will be calculated based on the individual apprentice's remaining hours required to complete their level one or two work-based training requirements.

Section 3: Additional Information

How did you hear about the School Works: Apprentice Wage Subsidy program?

- | | | |
|---|--|---|
| <input type="checkbox"/> Trust staff | <input type="checkbox"/> Newspaper article/story | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Trust Website | <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Social media (Facebook,
Twitter, Instagram) |
| <input type="checkbox"/> Email or BASINLink
e-newsletter | <input type="checkbox"/> Online advertisement | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Radio advertisement | |

Section 4: Declaration

Date (mm/dd/yy):

I _____ am authorized to submit this application on behalf of the applicant organization and declare that:

- a) I have read and understood the information in this application and the School Works: Apprentice Wage Subsidy Application Guide.
- b) The information I have provided in this application is true, accurate and complete in every respect.

I acknowledge that:

- c) If any of the information described above is false or misleading, the applicant may be required to repay some or all of the financial assistance that may be approved by the College of the Rockies.
- d) The College of the Rockies, Columbia Basin Trust and its agents shall not be obligated in any manner to any applicant whatsoever and reserve the right to fund all or none of any application submitted.
- e) By submitting this application, I hereby acknowledge that the College of the Rockies and Columbia Basin Trust may disclose this application, and the information contained herein—including but not limited to name, location and the amount and nature of any related funding—to the public, individuals or any other entity to the extent allowed by the Freedom of Information and Protection of Privacy Act (FOIPPA).
- f) I further agree that the College of the Rockies and Columbia Basin Trust may proactively disclose to the public my name and location and the amount and nature of funding granted.
- g) Any questions regarding such may be directed to: FOIPPA Inquiries, Senior Manager, Information Services, Columbia Basin Trust, 300–445 13 Avenue, Castlegar, BC, V1N 1G1, 1.800.505.8998.