

If you are interested in:

- representing industry in your designated occupation;
- being part of the Alberta apprenticeship and industry training decision-making process;
- helping Alberta workers gain certification, mobility and flexibility through apprenticeship training, and
- lending your expertise and enthusiasm to your occupation;

you may apply to become a member of an Occupational Committee.

Questions? Need help? Contact Apprenticeship and Industry Training toll-free at 1-800-248-4823.

What is an Occupational Committee?

Each designated occupation in Alberta has an occupational committee. An occupational committee has a minimum of three industry members including a presiding officer (chair). Membership is comprised equally of employer and employee representatives.

As an occupational committee member you will participate in:

- making recommendations to the Alberta Apprenticeship and Industry Training Board regarding any matters pertaining to occupational training and certification,
- monitoring training programs, work experience programs and the progress of trainees, and
- promoting certification and the pursuit of careers in the designated occupations.

Committee Membership Appointment

All appointments to occupational committees are made by the Alberta Apprenticeship and Industry Training Board (Board), under the authority of the *Apprenticeship and Industry Training Act*. The Board encourages all qualified individuals to apply.

The Board has set out specific criteria for determining appointments of committee members. Some of the key criteria are listed below. For the complete list of criteria, go to the apprenticeship and industry training website www.tradesecrets.alberta.ca. Click on the 'Forms & References' tab, and scroll down to 'Trade and Occupation Committees'.

Criteria for 'Employer' and 'Employee' Representatives

Occupational committee members represent either the interests of employers of persons employed in the occupation or the interests of persons who are employees employed in the occupation. The following criteria are used by the Board in appointing 'employer' and 'employee' members to occupational committees.

An **'Employer'** representative:

- is associated with, and knowledgeable in, the designated occupation;
- owns, operates or is in a management position in a business that employs people in the occupation;
- may not serve on another occupational or trade committee, however may serve on a provisional committee.

An **'Employee'** representative:

- is associated with, and knowledgeable in, the designated occupation;
- holds certification in the occupation of their committee except in the case of newly designated occupations;
- has a minimum of five year 'hands on' experience in the occupation;
- is employed in the occupation;
- works in a non-management position;
- works with tools of the occupation at least part-time; and

- may not serve on another occupational or trade committee, however may serve on a provisional committee.

Other Criteria Considered

- Support of a broad constituency in industry.
- Geographic representation of industry.
- Specialized knowledge and expertise in the occupation or industry.
- Engagement by an organization that represents employers or employees in the occupation
- Skills and participation as a committee member.

For the complete list of criteria, go to the apprenticeship and industry training website @ www.tradesecrets.alberta.ca.

Summary of Application Process

You must:

- complete all sections of the application form;
- sign and date the application; and
- submit the completed and signed application to your nearest Apprenticeship and Industry Training office (see below).

We will **not** accept or process applications that are incomplete, are not signed and dated.

Applications must be submitted to your nearest Apprenticeship and Industry Training office.

Alberta Apprenticeship and Industry Training Offices

City or Town	Address	Postal Code
Bonnyville	Mailing address: PO Box 8115 2 nd Floor, Provincial Building, 4902 – 50 Avenue	T9N 2J4
Calgary	Suite 200, Willow Park Centre, 10325 Bonaventure Drive, SE	T2J 7E4
Edmonton	Room 430, 4th Floor, Centre for Applied Technology Building (CAT) NAIT Campus, 11763 – 106 Street	T5G 2R1
Fort McMurray	Box 19, 7th Floor, Provincial Building, 9915 Franklin Avenue	T9H 2K4
Grande Prairie	Suite 100, Towne Centre Mall, 9845 – 99 Avenue	T8V 0R3
Hinton	564A Carmichael Lane	T7V 1S8
Lethbridge	Room 280, 2 nd Floor, Provincial Building, 200 - 5 Avenue, South	T1J 4C7
Medicine Hat	3021 Dunmore Road, SE	T1B 2H2
Peace River	9715 - 100 Street, Midwest Electric Building, Bag 900-28	T8S 1T4
Red Deer	3 rd Floor, First Red Deer Place, 4911 - 51 Street	T4N 6V4
Slave Lake	Mailing address: PO Box 787 #109 Slave Lake Government Centre 101 3 Street SW	T0G 2A0
Vermilion	Box 26, 1st Floor, Provincial Building, 4701 - 52 Street	T9X 1J9

Questions? Need help? In Alberta call the Apprenticeship Toll-free Information Line at **1-800-248-4823**.

Freedom of Information and Protection of Privacy Notification: Alberta Advanced Education and the Alberta Apprenticeship and Industry Training Board ("Board") are collecting the personal information you provide in this application pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy Act* ("FOIP") to help determine and verify whether you meet the standards and requirements established by the Board under the *Apprenticeship and Industry Training Act* ("Act") for membership on a Local Apprenticeship Committee, Provincial Apprenticeship Committee, Occupational Committee or Provisional Committee. The collection, use and disclosure of your personal information is done under the authority of FOIP and is managed in accordance with the Act.

If you have any questions about the collection of this information, contact the Director, Board and Intergovernmental Connections, Apprenticeship and Industry Training, Advanced Education at 780-427-5811 or by mail to Alberta Apprenticeship and Industry Training Secretariat, 10th Floor, Commerce Place, 10155 – 102 Street NW, Edmonton, Alberta T5J 4L5

IMPORTANT: Please provide all information required on the application form. Do not leave any sections or lines blank if they apply to you, as this may affect our ability to process your application. If a section does not apply to you, write “Not Applicable” in that section.

Read the questions and instructions carefully. If you need help completing the application, please call toll-free to 1-800-248-4823. Submit the completed and signed application to the nearest Alberta Apprenticeship and Industry Training office.

1 Personal Information

Note: Your last, first and middle names **must be the same** as they appear on your driver’s license, passport or other government-issued identification.

Last name: (Surname)	Former last name: (if applicable)
First name:	Middle name: (no initials)
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Date (yyyy/mm/dd):
Mailing address (PO box, street, city, province)	
	Postal code:
Primary phone number:	Alternate phone number:
Fax number:	Email address:
<i>If you change your name or address in the future, contact the closest Apprenticeship and Industry Training office immediately so your records can be updated.</i>	

2 Committee Position and Occupation

Which occupation are you applying to represent?
In which <u>position</u> are you interested? <i>Check one</i>
<input type="checkbox"/> Employer representative <input type="checkbox"/> Employee representative <input type="checkbox"/> Presiding officer

3 Nominator Information

An applicant for membership in an occupational committee may be self-nominated, nominated by an existing occupational committee, an employer or other parties. 'Other' may be an individual, company, labour union, association, etc. involved in the occupation. If you check the 'Employer' or 'Other' box below, please provide the name of the individual, company or organization that is nominating you in the box that follows.

Who nominated you? <i>(Check one)</i>			
<input type="checkbox"/> Self-nominated	<input type="checkbox"/> Occupational Committee	<input type="checkbox"/> Employer*	<input type="checkbox"/> Other*

* Please provide additional information below for Employer and 'Other' nominators.

Name of company/organization:	
Contact person last name:	Contact person first name:
Contact person title:	
Mailing address (PO box, street, city, province)	
	Postal code:
Primary phone number:	Alternate phone number:
Fax number:	Email address:

4 Certification Information

Describe any recognized credentials (certificates) you hold in the occupation (or related trade) which you are applying to represent. If you need more space, put the additional information on a separate page. Please provide a copy of any credentials (certificates) issued outside of Alberta.

What is the name of the occupation on the credential?	
What is the name of the province/state/country/ company/organization that issued the credential?	What, if any, is the expiry date of your credential?
What is the number on the credential?	If you have a completion of apprenticeship certificate, what is the number on it?
What is the date of issue on the credential?	If there is an Interprovincial Standards Red Seal on the credential, what is the number on it?

Information about your occupation certification may be used to assist us in assessing your application, and for research and statistical purposes.

5 Employment Information

Current Employment Status: Employed Self-employed Not employed

If you are employed or self-employed, please provide the information below.

Legal name of business:	
Operating name of business: <i>(if different from legal name)</i>	
Mailing address (PO box, street, city, province)	
	Postal code:
Primary phone number:	Alternate phone number:
Fax number:	Email address:
Site address (if different from mailing address):	
	Postal code:
Name of contact person:	Email address:
Phone number:	Fax number:
What is the primary occupation the business is involved with?	What date did you begin to work with this employer/become self-employed? (yyyy/mm/dd)
What type of work does the business do?	
What is your job title?	
What are your primary job duties?	

6 Employer and Employee Representation

Each member of an occupational committee represents either employers or employees in the occupation of the committee. A brief description of an employer and employee representative is found on Page 2. To assist us in determining who you best represent, please read the following and check the descriptions that apply to your current situation.

Check only the box(es) that apply. For each activity that applies, please indicate the number of years you have been involved in this activity. Do not alter the statements presented. Please use the space provided below to add any additional comments or explanation.

Number of years:

- | | |
|--|-------|
| <input type="checkbox"/> I am currently working in the occupation I am applying to represent. | _____ |
| <input type="checkbox"/> I own, operate or am in a management position in a business that employs people in the occupation I am applying to represent. | _____ |
| <input type="checkbox"/> I am currently working in a non-management position. | _____ |
| <input type="checkbox"/> I work with tools of the occupation at least part-time. | _____ |

Please note any additional comments, further explanation, or other relevant experience relative to your representation on an occupational committee.

7 Other Contact Information

If you wish your mail relating to committee membership to be sent to a different mailing or email address than the one you filled in on page 4, please complete this section. This section should be completed ONLY if a different address is required for committee membership matters. Otherwise, the section should be left blank.

Mailing address (PO box, street, city, province)	
	Postal code:
Primary phone number:	Alternate phone number:
Fax number:	Email address

8 Declaration, Acknowledgement, Authorization and Consent

If you do not sign and date this section, your application will not be accepted or processed.

I have read the Information and Instructions, and hereby make application for membership in an Alberta Industry Committee, and

I declare that:

- the information I have provided on this application and in any documents attached is true and complete in all respects.

I agree to:

- immediately notify Advanced Education of any changes to information contained in this application that happen after I submit this application.

I acknowledge that:

- if I make a false or misleading statement in this application, or provide false documentation, or fail to disclose information as requested by Advanced Education, I may be denied membership on an industry committee, or have the industry committee appointment cancelled and/or be subject to criminal prosecution or prosecution under the *Apprenticeship and Industry Training Act*; and
- if I fail to disclose or update information or fail to provide information as requested by Advanced Education, this may constitute the making of a false or misleading statement.

I authorize:

- Advanced Education and/or the Alberta Apprenticeship and Industry Training Board to contact governments, departments, boards, agencies, or any other body that issues trade or occupation documents to request the production and disclosure of any information, documents and/or records held by that entity respecting my education, training, work experience or certification (including any information the entity has respecting its confirmation or verification of my education, training, work experience or certification) as these relate to the trade identified in Section 4, and I consent to the disclosure of this information to Alberta Advanced Education and/or the Alberta Apprenticeship and Industry Training Board; and
- Advanced Education, should I be selected to be appointed to an industry committee, to publish my committee member information (name, committee position, city/town of residence and term) for the duration of my term.

Signature of Applicant:

Date (yyyy/mm/dd):

Name of Applicant (print):