



603 – 45th St. W.
SASKATOON SK S7L 5W5
Phone: (306) 933-8476
Fax: (306) 933-7663
Email: atc.boardreply@gov.sk.ca

**TRADE BOARD
APPLICATION**

Trade Board Name: _____

Name: _____

Address: _____

Postal Code

Place of Work: _____

Work Address: _____

Postal Code

Telephone Numbers:

Business _____ Residence _____

Cell _____ Fax _____

E-mail: _____

I declare that I am self-nominating
(Trade Board Nomination Form is required if not self-nominating)

<p>PLEASE SIGN:</p> <p>Date: _____ Signature: _____</p>
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As a Trade Board Member:

What organization or constituency could you represent on your Trade Board?

- union - which union? _____
- non-union
- aboriginal
- northern
- diversity
- other _____

Do you consider yourself a representative of:

- employer (complete attached employer section)
- employee (complete attached employee section)

How will you communicate with your constituency about apprenticeship issues?
(e.g. association meetings, union newsletters, lunch time discussions, etc.)

Are you willing/able to gather and give out information about apprenticeship issues?

yes no

Are you “on the tools”?

yes no

If **no**, what is your role on the job?

How many years have you worked in the trade? _____ years

Please provide additional information that you think is relevant to this application.
(use additional page if needed or attach a resume)

Are you a member of a group which is under represented in the apprenticeship system?
(women in predominately male occupations, persons of aboriginal ancestry, persons with disabilities and visible minorities)

yes no

If **yes**, please indicate which group: _____

THE FOLLOWING QUESTIONS FOR **EMPLOYER REPRESENTATIVES ONLY**:

Do you/does your company presently employ journeypersons? yes no

Do you/does your company employ apprentices now? yes no

Are you a journeyperson? yes no Issuing Province: _____

In which trade(s)?

Interprovincial? yes no

Do you hold other education or training credentials/certificates? yes no

If yes, please specify: _____

Did you complete an apprenticeship? yes no

Are you a member of any industry associations:

as an individual? yes no

as a representative of your company? yes no

If **yes**, please list association names:

Do you hold or have you held any executive position with an industry association?

yes no

If **yes**, what position? _____

Which association? _____

Do you attend association meetings? Always _____ Regularly _____
Occasionally _____ Never _____

Is there any distinct sector in which your company works?

(e.g. commercial, industrial, retail, residential, etc.)

Number of employees?

full-time _____ part-time _____ seasonal _____

Will your employer support your participation on a trade board and release you as needed to attend meetings?

yes no

THE FOLLOWING QUESTIONS FOR **EMPLOYEE REPRESENTATIVES ONLY**:

Are you self-employed? yes no

Are you a journey person? yes no

Issuing Province: _____

In which trade(s)?

Interprovincial? yes no

Did you complete an apprenticeship? yes no

Do you hold other education or training credentials/certificates? yes no

If **yes**, please specify:

Have you taken updating/upgrading courses? yes no

If **yes**, which courses specifically?

Do you hold or have you held any executive position with your Union? yes no

If **yes**, what position?

Are you a member of an association/organization? yes no

If **yes**, please list:

Do you hold or have you held any executive position with an industry association?
yes no

If **yes**, what position? _____

Which association? _____

Will your employer release you to attend trade board meetings as needed?
yes no



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**TRADE BOARD
CONSENT
FORM**

Trade Name: _____

In the interests of facilitating communications within the apprenticeship sector, the SATCC will be as open and transparent as practical with regard to informing third parties of Trade Board meeting dates, membership and activities. In order to do so, the SATCC requires the informed consent of Trade Board members to release their names and contact information to third parties. The SATCC is also seeking consent to publish Trade Board members' names and contact information on its web-site.

Your Social Insurance Number is required for the issuing of T4 receipts related to payment of your honorarium and employment insurance deductions.

Please fill in all of the information below. The only information that will be released will be the information you indicate by checking one/or all of the boxes on the following page.

NAME:	
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RESIDENTIAL ADDRESS:	
RESIDENTIAL PHONE #:	
CELL #:	

BUSINESS NAME:	
BUSINESS ADDRESS:	
BUSINESS PHONE #:	
FAX #:	

EMAIL ADDRESS:	
SOCIAL INSURANCE #:	

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Please indicate which address you wish your expense reimbursements to be sent to:

- Your Home Address
 - Your Work Address
 - Your email address for EFT
(attach the completed Direct Deposit form and void cheque or banking information)
-

Please read the declaration below and sign it if you consent to the release and publication of your name and contact information. Thank you.

There are three options for the contact information that the Commission may release or publish along with your name. Choose one of the three options below by checking the number beside the address you wish to release:

- 1. Your Home Address
- 2. Your Work Address
- 3. c/o Saskatchewan Apprenticeship
& Trade Certification Commission
603 45th Street West
SASKATOON SK S7L 5W5

I consent to the release and publication of my name and contact information and understand this will be valid for as long as I am a board member with SATCC.

(print name)

(signature)

(date)

Please complete & return to:
Saskatchewan Apprenticeship and Trade Certification
Commission 603 45th Street West
SASKATOON SK S7L 5W5
Fax: (306) 933-7663
Email: atc.boardreply@gov.sk.ca

Direct Deposit Payment Request Form

Check one only

To Start Direct Deposit

To Change Information on Direct Deposit

Full Name _____

Mailing Address _____ Postal Code _____

Email Address _____

By providing your email address, your payment advice will be delivered to the above email address.

1. Sign this form authorizing payment by direct deposit to your account.

I hereby authorize direct deposit to the account designated below. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name _____ Title _____
(please print) (please print)

Authorizing Signature _____ Telephone Number _____

2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)

A) Attach a current blank company cheque or photocopy marked "Void". The payee's name and address should be pre-printed on the cheque.

B) Have **an official from your financial institution** provide the following information regarding your current account.

Branch	Institution	Account Number																												
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Name and Address of Financial Institution

Financial Institution Official's Signature and Stamp

Please scan signed document and submit to mhd@gov.sk.ca or by fax at (306) 787-7227

For Office Use Only	Supplier Site Name _____
	Date Received in Finance _____ Received by _____
	Date Entered on MIDAS _____ Entered by _____