



2140 Hamilton Street
Regina, Saskatchewan S4P 2E3
Tel (306) 787-2444
Toll Free 1-877-363-0536
Fax (306) 787-5105

Form 1 Application for Registering an Apprentice Contract

INSTRUCTIONS FOR REGISTERING AN APPRENTICE INTO AN APPRENTICESHIP PROGRAM

Complete and return the following:

1. Form 1: Application for Registration of Apprenticeship Contract
2. Form A: Contract Between Apprentice and Employer
3. Form 6A from each employer: Verification of Trade Experience
4. A copy of your high school transcript
5. A copy of your transcripts from previous training in a trade (apprenticeship or pre-employment)
6. Pay \$200 (CAD) by credit card, debit, cheque or money order made payable to the SATCC.
 - There will be a \$25.00 charge for NSF cheques.
 - The application fee is non-refundable.
 - Post-dated cheques will not be accepted.

*****If the apprentice completed the Saskatchewan Youth Apprenticeship (SYA) Program,
the \$200 (CAD) Registration Fee is waived.**

Please indicate SYA participation on the application.

Transferring Apprentices:

Please indicate the province you are transferring from on the Form 1 (*Application for Registering an Apprentice Contract*). SATCC will complete a verification to transfer your apprenticeship credits to Saskatchewan.

Please note:

- If you are a transferring apprentice, you do not need to attach high school transcripts.
- Manitoba and Nova Scotia apprentices must complete and attach a "Consent to Release" Form which can be obtained on the appropriate apprenticeship websites:
 - www.gov.mb.ca
 - www.nsapprenticeship.ca
- Ontario apprentices must attach all Ontario trade experience hours.
- Quebec does not verify apprenticeship information.

If you experience issues or have concerns regarding transferring your apprenticeship, please contact this office.

Mail, fax or scan and email your application to:

**Saskatchewan Apprenticeship and Trade Certification Commission (SATCC)
2140 Hamilton Street, REGINA SK, S4P 2E3**

Fax: 306-787-5105

Email: SATCC@gov.sk.ca

Contact this office at (306) 787-2444 or toll free 1-877-363-0536 if you have any questions or concerns.



Saskatchewan
Apprenticeship and
Trade Certification
Commission

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For Office Use Only

Form 1 Application for Registering an Apprentice Contract

Trade:

Apprentice Personal Information: (please print)

Last Name Given Name Middle Name

Mailing Address (Box/Street Number & Name; City, Prov., Postal Code)

Home Phone Number Cell Phone Number Work Phone Number

Email Address Social Insurance Number

Gender: Male Female
Date of Birth (DD-MM-YYYY)

Did the apprentice complete the Saskatchewan Youth Apprenticeship Program? Yes (NO FEE REQUIRED)
Transferring apprentice from another province? Yes
Province transferring from:

Education and Training Data: (if you require more space, please attach additional information to this application)

	Name of Institution	Location	Highest Grade/Diploma	Completion Date
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-Secondary or Pre-Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you would like to receive credit for previous apprenticeship or pre-employment training, please attach transcripts.
 Placement Examination Requested

The following information is voluntary.
Indigenous Ancestry: Please check the appropriate category:
 First Nations Métis Inuit
Disability: Do you consider yourself to have a persistent and severe disability which limits employment activities? Yes No
Do you require accommodations for a diagnosed learning disability? Yes No
Visible Minority: For the purpose of equity programs, visible minority persons are "persons, other than Indigenous people, who are people of colour." For example, African, Chinese, Korean, or other racial background. Do you consider yourself to be a visible minority person? Yes No

Completion of this area is mandatory.
By signing and dating this form, I agree to have read and understood the Academic Misconduct Policy of the SATCC. ([Academic Misconduct Policy](#))
Consent to Disclose Information: My signature below authorizes the Saskatchewan Apprenticeship and Trade Certification Commission (the "SATCC") to collect, use and disclose personal and health information about me, pertaining to my participation in apprenticeship / certification programs, for the following purposes: (i) for the administration of the SATCC's programs, which may include sharing the information with any employer or institution providing me with apprenticeship or certification training; (ii) for the purposes of providing verification of my certification, determining my eligibility for apprenticeship and certification programs in other jurisdictions; (iii) assisting in inter-provincial labour mobility; (iv) program planning and (v) market research.

Date Apprentice Signature

Card Holder: Amount: \$ \$200.00
Card Holder Day Time Phone Number or Email Address:
 Visa Mastercard Visa Debit Card MasterCard Debit Card
Card Number: Expiry Date: