



603 45th Street West  
SASKATOON SK S7L 5W5  
Phone: (306) 933-8476  
Fax: (306) 933-7663  
Email: [atc.boardreply@gov.sk.ca](mailto:atc.boardreply@gov.sk.ca)

**CURRICULUM AND  
EXAMINATION  
DEVELOPMENT BOARD /  
TRADE EXAMINING  
BOARD  
APPLICATION**

Which board are you interested in representing? (See appendix for board roles and responsibilities)

Curriculum and Examination Development   
Trade Examining

Trade Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Postal Code

Place of Work: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Postal Code

Telephone Numbers:

Business \_\_\_\_\_ Residence \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

**PLEASE SIGN:**

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

**As a Board Member:**

Are you a journeyperson? yes  no

Issuing Province: \_\_\_\_\_

In which trade(s)?  
\_\_\_\_\_

Interprovincial Red Seal? 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?  
\_\_\_\_\_

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

Will your employer release you to attend board meetings as needed?

yes  no

Please provide additional information that you think is relevant to this application.  
(please attach a resume)

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## Appendix

### Roles and Responsibilities of the Curriculum and Examination Development and Trade Examining Board

#### Curriculum and Examination Development Boards (CEDB)

CEDB are established to develop training curricula and certification examinations for a specific trade. The CEDB consists of employers and employees from the trade. The CEDB are facilitated by a Program Development Specialist from the SATCC and report to the Trade Board for their trade. They meet on an “as-needed” basis.

Each CEDB member must be certified and “on-the tools”.

Individual Curriculum and Examination Development Boards (CEDB) members contribute to:

- assist in the development and revision of the apprenticeship program curriculum for their trade to reflect current industry needs;
- assist in the development and revision of the curriculum or upgrading, updating and other training to keep journeypersons and other tradespersons current;
- assist in the development and revision of all journeyperson, proficiency, placement (level) or term end examinations for their trade to ensure that the current needs of industry are met;
- participate in the development and validation of Red Seal journeyperson examinations for their trade; and
- provide program advisory committee functions for the Commission.

#### Trade Examining Boards (TEB)

TEB consists of employers and employees from the trade. The TEB are facilitated by a SATCC representative, typically a Program Development Specialist or an Apprenticeship Services Consultant. They meet on an “as-needed” basis.

Each TEB member must be certified and “on-the tools”.

Individual TEB member duties may include:

- evaluation of the trade time (work experience) for individuals applying for examination, or progressing through an apprenticeship program (as required by Trade Time Assessment or Field Operations); and
- evaluation of individuals taking practical examinations in those trades which require them.

The TEB determines such things as:

- the eligibility of a candidate to challenge a journeyperson examination; or
- determination as to when an apprentice can advance to the next apprenticeship level. This can affect salary ranges and an apprentice’s eligibility to attend technical training.

**\*NOTE:** Travel and honoraria are paid in accordance with the prevailing Public Service Commission rates. *Please be advised that honoraria are taxable income.*



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# 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, Curriculum and Examination Development Board (CEDB) and Trade Examining Board (TEB) members to release their names and contact information to third parties.

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 #:	

**Page 2 – Trade Board Consent Form**

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)

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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

Ministry of Finance  
Provincial Comptroller's Office  
Financial Systems Branch  
700 - 2350 Albert Street  
REGINA SK S4P 4A6

**Check one only**

To Start Direct Deposit

To Change Information on Direct Deposit

Supplier Name \_\_\_\_\_ Supplier No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

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
_ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

\_\_\_\_\_  
Name and Address of Financial Institution

\_\_\_\_\_  
Financial Institution Official's Signature and Stamp

**For  
Office  
Use  
Only**

Supplier # \_\_\_\_\_ Supplier Site \_\_\_\_\_

Supplier Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Ministry Contact \_\_\_\_\_ Ministry \_\_\_\_\_

Authorized Signature \_\_\_\_\_

By signing the above, I have confirmed that the ministry has verified the supplier phone number and phoned the supplier to verify the request

# Direct Deposit - Client Instructions

Direct deposit provides the fastest, easiest, safest and most reliable way to receive your business' payment. When you use direct deposit, funding goes directly to your business bank account. This ensures you receive payment on time and helps prevent cheque loss, theft or misplacement.

Please read the following instructions:

- Make sure you have checked only one of the following options at the top of the Direct Deposit Payment Request form:
  - To start direct deposit: if this is your first-time application or you need to confirm banking information, complete all sections on the form that apply and sign.
  - To change information on direct deposit: if you need to change banking or other information, such as address information, complete all sections on the form that apply and sign.
  - If you would like to request to cancel direct deposit or to add an email address for remittance purposes, these requests may be sent to [mhd@gov.sk.ca](mailto:mhd@gov.sk.ca) or to your Government of Saskatchewan program contact.
- The name, address and other information on this form must match your Government of Saskatchewan supplier record. This form cannot be used to update your address.
- By providing an email address, the payment advice for any funding provided by the Government of Saskatchewan through direct deposit will be delivered to that email address.
- Attach a current void cheque that includes your personal or business name, address and information on your account (bank, branch/transit number and account information). If you don't have a cheque, you can download a direct deposit request or void cheque from your business banking account online or request one from your branch.
  - If you are having trouble finding this feature, contact your bank for assistance. The void cheque must have name (business or individual), address and pre-printed numbers indicating the bank, branch/transit and account numbers.
- In the event that you are unable to provide a void cheque, you may have an official from your financial institution complete section 2B of the form. The official must sign and stamp the form for it to be accepted by the Ministry of Finance.
- If your supplier name and bank account owner name do not match, you may be asked to provide further detail.
- Ensure you review the authorization section carefully and understand your responsibilities. Ensure your legal authorized representative signs and dates the direct deposit authorization. If using an electronic signature, it must be digitally certified or include an audit trail identifying the form was signed and completed by the named individual.
- When completed, return this form and any supporting documentation to the ministry program that issues your payments. Follow the instructions provided by the ministry contact or check the ministry program's website for information.