



603 45th Street West
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)

PLEASE SIGN:

Date: _____ Signature: _____

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 journeyperson? 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

TRADE BOARD CONSENT FORM

Name of Trade Board: _____

In the interests of facilitating communications within the apprenticeship sector, the Commission 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 Commission requires the informed consent of Trade Board members to release their names and contact information to third parties. The Commission is also seeking consent to publish Trade Board members' names and contact information on its website.

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 & 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 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.