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Youth Explore Trades Sampler Adult Intake Form

This form is to be used by SkilledTradesBC designated training providers to register adults into the Youth Explore Trades Sampler program. Please complete this form and email it to ***SkilledTradesBC within 30 days of the program starting****. The completed form should be emailed to* ***youth@skilledtradesbc.ca****.*

GENERAL INFORMATION

Training Provider Location:	Training Provider Name:	Instructor Name:
Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)	Partnered School Districts:

YOUTH EXPLORE TRADES SAMPLER REGISTRATION FOR ADULTS			
ITA Individual ID #	**Student Last Name (Surname)**	**Student First Name**	**SkilledTradesBC Use Only**

Signature of Authorized Representative of the Training Provider:	Date: (mm/dd/yyyy)