

This form is for individuals who require a proof of upgrading before scheduling their next exam attempt.

1 INDIVIDUAL INFORMATION

SkilledTradesBC Individual ID #	Legal First Name	Legal Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone Number	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 UPGRADING INFORMATION

Program (Trade)		
<input type="text"/>		
Type of Upgrading		
<input type="checkbox"/> Upgrading/Refresher Course <input type="checkbox"/> Tutor <input type="checkbox"/> Last level of Technical Training		
Instructor (Tutor) Name	Organization Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
End Date of Upgrading (MM/DD/YYYY)	Instructor/Tutor Signature	
<input type="text"/>	<input type="text"/>	

3 SIGNATURE

PRIVACY NOTICE
The personal information on this form and other personal information that forms part of your apprenticeship record is collected, used and disclosed under the authority of the Freedom of Information and Protection of Privacy Act, Part 3, Division 1, Section 27 (1) (i) and is managed in accordance with that Act.

The information is used to (1) administer and monitor the apprenticeship training program in which you are enrolled, (2) administer your participation in the apprenticeship program, including the Interprovincial Standards Red Seal Program administered by the Canadian Council of Directors of Apprenticeship (CCDA), (3) plan, research and evaluate programs, (4) assist in the promotion of the apprenticeship and certification program in British Columbia, (5) identify persons for the purpose of financial awards, (6) identify persons for targeted correspondence that relates to their trade(s) or their involvement in apprenticeship training (ex: surveys, statistics, consultations).

I have read and understood the Privacy Notice and hereby authorize SkilledTradesBC to share my personal information record for the previously stated purpose with apprenticeship officials in other jurisdictions, my present and future sponsors, educational institutions and training providers, regulatory authorities and municipal, provincial and federal government bodies where the information is necessary for them to fulfill their legal responsibilities or manage apprenticeship-related programs.

By signing this form, you represent and warrant that all information you provide to SkilledTradesBC is true, accurate, current and complete and that you will update the information from time to time so that it remains true, accurate, current and complete.

Individual Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>