

SKILLEDTRADESBC DESIGNATED TRAINER APPLICATION FORM

SkilledTradesBC
800 - 8100 Granville Ave
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Toll Free: 1-866-660-6011
designation@skilledtradesbc.ca

This form is to be filled in electronically. Please e-mail this form to the address above.

**An application fee of \$350.00 must be submitted with the Designation Application Fee Form.
Review the "Guidelines for Training Providers Applying for SkilledTradesBC Program Designation" for more details.**

A.APPLICATION TYPE

Please indicate the type of application you are submitting (check 1 box only):

- ☐ New Designation ☐ Program Addition ☐ Designation Renewal

B.BUSINESS INFORMATION

Name of Institute or Company (please provide both the operating and legal names if different)			
Street Address:			
City:	Province:	Postal Code:	
Mailing Address: <input type="checkbox"/> Same as Above			
City:	Province:	Postal Code:	
Telephone Number: ()	Fax Number: ()	Website Address:	
PTIB Registration No:		How Long has the Institution Been Providing Industry Training?	

Contact Information:

Name and Title of Person Responsible for Communication Regarding SkilledTradesBC Designation:		
Telephone Number: ()	Fax Number: ()	E-mail address:

C.PROGRAM DETAILS:

Name of SkilledTradesBC Accredited (Red Seal), Recognized (Provincial) or Foundation training program and Level(s) for which SkilledTradesBC Designation is being sought (e.g. "Electrician, Level 1 and Level 2"):			
Program delivery (select all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Program Start Date:	
Delivery Methods (select all that apply): <input type="checkbox"/> In-Class Learning <input type="checkbox"/> Alternative Delivery		<input type="checkbox"/> Distance/Online Learning (Synchronous Learning/Instructor-Led) <input type="checkbox"/> Distance/Online Learning (Asynchronous/Self-Paced Learning) <input type="checkbox"/> Combined/Blended Learning (a hybrid approach that integrates onsite and online learning methods)	
If you chose alternate delivery above, please explain why:			

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Expected minimum program enrollment:	Number of hours per week in the program:	Number of training weeks:
Do SkilledTradesBC documents (i.e., Program Outline, Occupational Analysis Chart, Tool and Equipment List, Learning Resources) guide program delivery? <input type="checkbox"/> Yes If not, describe alternate sources guiding delivery: <input type="checkbox"/> No		

*Note: Please attach examples of material promoting the program including advertising, brochures or information

D. LOCATION DETAILS:

***Note: Please complete a separate page for each delivery site**

The training location(s) for which SkilledTradesBC Designation is being sought:

Campus Name:		
Street Address:		
City:	Province:	Postal Code:
Telephone Number: ()	Fax Number: ()	
Location Contact Name:	Telephone Number: ()	E-mail address:
Describe the location, equipment and tools and consumable trade materials which will be utilized:		

E. INSTRUCTOR(S) INFORMATION:

Location Instructor Name (if more than one instructor is involved in the program provide details for each):	
Instructor Qualification:	
<input type="checkbox"/> BC Certificate of Qualification No. _____ <input type="checkbox"/> Red Seal No. _____	
Years of Teaching Experience:	Years of industry experience as a qualified journey person:
BC Provincial Instructor Diploma?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Qualifications:	

F. APPLICATION CHECK LIST

To avoid delays in processing, please use the following checklist to ensure that the application is complete and that the required documentation is attached.

- ☐ This application form
- ☐ Forms and documents (please email designation@skilledtradesbc.ca for the forms and a complete list of documents required)
- ☐ Institution's policies (please email designation@skilledtradesbc.ca for the complete list of policies required)

G. APPLICANT'S SIGNATURE:

I, as the applicant, certify that the information I have provided is complete and accurate and I authorize SkilledTradesBC to verify its accuracy.

Applicants Name and job title:	
Applicant's Signature:	Date (YYYY/MM/DD):