ASTTBC TECHNOLOGY PROFESSIONALS

# Application for Trainee

## Applicant Information

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth(yyyy/mm/dd):

Preferred Name: _____ Gender: Please select one:

Country of Birth: _____

Status in Canada: Please select one:
*If you are none of the above, you will not be eligible for registration.*

Indigenous self-identification (optional) Please select one

Address: _____ City: _____ Province: Please select one

Country: _____ Postal Code: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Preferred Phone: _____

Email: _____ Alternative Email: _____

## Education

Name of School: _____ Program of Study: _____

From: _____ To: _____ Did you graduate? Please select on Diploma: _____

Country of School: _____ Address: _____

Name of School: _____ Program of Study: _____

From: _____ To: _____ Did you graduate? Please select on Diploma: _____

Country of School: _____ Address: _____

## Class/Sub-class of Application

Please choose a class or sub-class application type:

Please select one:

If other RTS sub-class, please specify:

Discipline for AScT or CTech: _____

Endorsement for RFPT or ROWP: _____

## Current Employment

Company: _____ Phone: _____

Address: _____ City: _____ Province: Please select one:

Country: _____ Postal Code: _____

Job Title: _____ Starting Date: _____

Supervisor: _____ Job Title: _____ Professional Designation: _____

## Proposed Supervisor for Approval

Supervisor: _____ Job Title: _____

Discipline/Endorsement: _____ Professional Designation: _____

**As per Section 39(c)(v) of the Bylaws, an applicant seeking enrolment as a trainee must deliver the name and qualifications of their proposed supervisor for approval.*

## Previous Employment

Company: _____ Phone: _____

Address: _____ City: _____ Province: Please select one:

Country: _____ Postal Code: _____

Job Title: _____ Starting-Ending Date: _____

Supervisor: _____ Job Title: _____ Professional Designation: _____

## Attachment

The documents listed below are required. Please check to indicate that each document is attached to your application.

- ☐ Two pieces of ID (check here for requirement and accepted IDs)
- ☐ Copy of valid passport and Permanent Resident card or work permit for non-citizen of Canada
- ☐ Diploma or certificate
- ☐ Original and official transcript - I have requested school to send to ASTTBC directly
  - ☐ by mail: 10767 148 Street, Surrey, BC V3R 0S4
  - ☐ by email: registrations@asttbc.org
- ☐ ** Internationally trained technology professionals (ITTP) are required to submit a WES or ICES full version assessment report in lieu of original and official transcript. The report must be sent from the assessor to ASTTBC directly.*
- ☐ *** Graduates from non-approved programs are required to submit course description (couse-by-course description of learning objectives). The document should be attached to your submission.*
- ☐ Job description
- ☐ Good character form
- ☐ English language exam result (This only applies to the applicants who do not have a post-secondary diploma. Check with the office for more details.)
- ☐ Supervision agreement
- ☐ Receipt of payment of applicant fee

## Payment

The application fee can be paid through https://asttbc.org/payments/.

Please note that application will not be processed until payment has been received.

## Declaration and Signature

☐ *I undertake to complete the work experience requirements set out in Section 36(b) for practising registrants in my proposed class, sub-class, discipline, and/or endorsement as specified in Schedule A.*

☐ *I will inform ASTTBC immediately if my supervisor is changed.*

☐ *I certify that my answers are true and complete to the best of my knowledge. If this application leads to registration, I understand that false or misleading information in my application may result in my release.*

☐ *I understand I may only engage in applied science and engineering technology practice while under supervision in accordance with Section 39 of ASTTBC Bylaws; I will use the word trainee in brackets at the end of my reserved title if my application is approved.*

☐ *I acknowledge that ASTTBC may request additional information concerning my application for registration and I hereby authorize ASTTBC to obtain further information relevant to my application for registration from any person, including but not limited to, persons or institutions referred to in my application documents.*

Signature: _____ Date: _____

The personal information requested in this form is collected and used for the purpose of assessing your eligibility for registration as a trainee with ASTTBC. ASTTBC collects this information pursuant to section 46(1) of the *Professional Governance Act* and sections 39 and 40 of the ASTTBC bylaws. The collected information may be disclosed to third parties, such as your previous employer or educational institution, for the purposes of verifying the information provided. Before or after your registration as a trainee, ASTTBC may also collect your personal information from your supervisor and use that information for the purposes of ensuring compliance with the *Professional Governance Act* and the *ASTTBC Bylaws*. If you have any questions about the collection, use or disclosure of your personal information, please contact ASTTBC at registrations@asttbc.org.

By signing this application for trainee registration, you consent to ASTTBC collecting, using, and disclosing your personal information to your supervisor for the purposes of ensuring compliance with the *Professional Governance Act* and the ASTTBC Bylaws.

## Submission of Application

To submit, please have your application form and other required information emailed to registrations@asttbc.org with the subject line of "Trainee Application (your name)".