



APPLICATION FOR APPRENTICESHIP /SPONSORSHIP OR FOUNDATION TRAINING

UA PIPING INDUSTRY COLLEGE OF BC
MAIN CAMPUS - DELTA
#101 – 1658 Foster’s Way
Annacis Island Delta, BC V3M 6S6
Email: registrar@uapicbc.ca
Phone: 604-540-1945 Fax: 604-540-1946

USE THIS FORM IF YOU ARE:

1. Requesting sponsorship by UAPICBC for Apprenticeship training, or
2. Applying for any of the Foundation Programs

Please read the following information carefully. In order for your application to be accepted and reviewed your application and all documents MUST be attached and the application form must be completed in its entirety.

Your application will not be reviewed if incomplete when submitted.

1. The UA Piping Industry College of BC will hold all information in strict confidence for the sole purpose of determining the applicant’s suitability to learn the Plumbing, Steamfitting, Sprinklerfitting and Welding Trades.
2. If you require extra space to answer questions, please use a plain sheet of paper and attach it to the application.
3. **References:** Put your name on the top of all three copies of “Applicant’s Personal Reference” form. These forms can be completed by people you know and past employers, but not those related by blood or marriage.
4. **Transcript:** Attach high school transcripts, graduation certificates, GED marks, trade school marks or previous piping trade’s apprenticeship transcripts. Admission Requirements are: Grade 10 or equivalent including English 10, Math 10, and Science 10. Grade 12 is preferred. If you have any ITA records, please attach a copy.
5. **Physicians Report:** Please have your family Doctor and/or clinic fill out pages 1 & 2 of the Physician’s report. Must be signed and stamped by the Doctor.
6. **Photo’s:** Enclose two photographs (2” x 2” – These can be done at a photo booth in a mall).
7. Return your Completed Application to:

UA Piping Industry College of BC
Main Campus – Delta
#101 – 1658 Foster’s Way
Annacis Island, Delta BC V3M 6S6

Please Note: Applications are filed by date received until reviewed by the Selection Committee at the monthly executive meeting on the second Thursday of each month.

A.APPLICATION FOR APPRENTICESHIP TRAINING

Program of Interest:

- Plumbing
- Steamfitting
- Sprinklerfitting
- Piping Foundation
- Welding Foundation

TWID Number: _____

Date Stamp (Application Received)

B. PERSONAL INFORMATION

**Applicant to Attach
Two Recent Photographs Here**
2" x 2"
Photos from mall booths
are acceptable.

Surname (Legal Last/Family Name)

First Name (Legal Given)

Preferred First Name

Email

Social Insurance Number

Mailing Address

City/Municipality

Province/Country

Postal Code

Home Phone

Cell Phone

Emergency Contact

Name

Relationship to Applicant

Home Phone

Cell Phone

Email

Citizenship

- Canadian Citizen
- Permanent Resident (landed immigrant)
- Not a Citizen of Canada

Gender Male Female

Date of Birth: _____
(Day/Month/Year)

Height: _____ **Weight:** _____

UAPICBC is dedicated to providing access to Aboriginal students and supporting them in their efforts to achieve their goals. To assist us, please answer the following questions.

Do you identify yourself as an Aboriginal person?

Yes

No

If yes, please choose one or more of the three options that best describes your Aboriginal identity:

First Nations

Inuit

Metis

C. EMPLOYMENT HISTORY

Company Name	Type of Business	Salary	Duties	Dates Employed	
				From	To

D. EDUCATIONAL HISTORY

Please attach originals or certified copies of all transcripts – high school, college, trade school, etc.

Type of School	Name of School	Grade or Level Completed	Dates Attended	
			From	To
College				
Trade School				
High School				

Have you completed any pre-apprenticeship training?
If yes, where? (Name of school and program)

Do you have an active Piping Trades Apprenticeship Agreement?
If yes, who is your sponsor?

What level(s) of Technical Training have you completed? (Attach transcript)

Other Related Courses	Yes (Please specify course)	No
Industrial First Aid		
Construction Safety		
Other		

Who referred you to the UA Piping Industry College of BC?

If you are applying or intend to apply for sponsorship with the UAPICBC, please fill out sections E & F, if not got to section G.

E. Explain why you think you would like to serve an apprenticeship and become a certified Journeyman.

F. APPRENTICESHIP STATEMENT

If my application is accepted, I agree to comply with all rules and regulations as outlined in the PIAB Apprenticeship Agreement, set by the Joint Apprenticeship Committee and the UA Piping Industry College of BC.

I am prepared to do the following:

- Attend school on my own time regardless of day or evening classes.
- Attend technical training when scheduled.
- Accept wage rates, as set out in the collective agreement (rates go according to hour's worked and technical schooling).
- Accept the rules and regulations as set by the UA Piping Industry College of BC, the Joint Apprenticeship Committee and my local union.

Failure to follow any of the above can result in the termination of your apprenticeship.

G. TRAINEE DECLARATION

I certify that all statements on this application are true and complete. I understand that misrepresentation of this information in any material way may result in cancellation of my apprenticeship or registration status. I understand that submission of this application in no way guarantees admission to a program and that admission is subject to meeting UA Piping Industry College of BC Program prerequisites and space availability. I agree to abide by the rules and regulations of the UA Piping Industry College of BC as outlined in the Student Handbook, and those of the department and program in which I shall be registered, and any changes in which may be made while I am a student at the College.

Dated this _____ day of _____ 20____

Printed Name: _____

Signature: _____

PHYSICIAN'S REPORT FOR EMPLOYMENT IN THE PIPING TRADES

Please Note:

1. Please complete this form in ink.
2. The fee for the service of the physician is the responsibility of the applicant.
3. It is essential that the applicant be physically and mentally fit to perform various duties as required in the Piping Trades Industry.

It is not the intention to appear restrictive, however, it is essential for the safety of all concerned that a good standard of physical and mental fitness be confirmed through this examination.

Personal Information of Applicant

Surname (Legal Last/Family Name)

First Name (Legal Given)

Address

City/Municipality

Province/Country

Postal Code

Occupation

Date of Birth: _____

(Day/Month/Year)

Height: _____ **Weight:** _____

Blood Pressure: _____ **Posture:** _____

Hearing: _____ **Oral Hygiene:** _____

Vision with Glasses: R.20/ L.20/

Vision without Glasses: R.20/ L.20/

Is there a history of previous illness?

If yes, please explain: _____

Is there any evidence of the following?

- | | |
|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fainting Spells |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Back Trouble | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infectious Hepatitis |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Nervousness Problem |
| <input type="checkbox"/> Drug or Alcohol Problem | <input type="checkbox"/> Respiratory Trouble |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tuberculosis |

PHYSICIAN'S REPORT FOR EMPLOYMENT IN THE PIPING TRADES – PAGE 2

Please provide specific details of any physical disability: _____

Is the applicant taking any regular medication? If yes, please explain: _____

In your opinion, do you consider the applicant capable of meeting the physical requirements associated with the Piping Trades (Steamfitter, Plumber, Sprinklerfitter or Welder), such as confined spaces, heights, heavy lifting, etc?

Yes

No

If yes, please list any concerns and/or issues you may have with the applicant's ability to work in the piping trades:

Signature: _____, M.D.

Printed Name of M.D.

Address

Phone Number

Date of Examination

Please submit completed physician's form to:



UA Piping Industry College of BC

Main Campus – Delta

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Annacis Island, Delta BC

V3M 6S6

Phone: 604-940-1945 Fax: 604-540-1946

Email: registrar@uapicbc.ca

Office Stamp of Physician

APPLICANT'S PERSONAL REFERENCE

Not to be completed by a relative or spouse

APPLICANT'S NAME: _____

The above mentioned applicant is applying for an apprenticeship with the UA Piping Industry College of BC (Plumbers & Pipefitters Union Local 170), and has given your name as a reference. Will you please give us your honest and candid opinion of the applicant's suitability for learning a skilled trade, including unquestioned integrity, dependability and the ability to learn the trade? Thank you.

How long have you known the applicant?						
If an Employer, please fill out the following:						
Company Name: _____						
Your Name and Position: _____						
Phone Number: _____ Applicant's Position: _____						
Dates of Employment: _____						
Type of Work Performed: _____						
Work Record: _____						
Reason for Leaving (if applicable): _____						
Please check the following characteristics you feel give an honest opinion of the applicant:						
Grooming:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Initiative:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Dependability:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Reliability:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Moral Responsibility:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Shows Maturity:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Alertness:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Courtesy:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Honesty:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Self-Control:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Cooperativeness:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Tact:	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent
Comments: _____						

Printed Name: _____ Relationship to Applicant: _____						
Signature: _____ Phone Number: _____ Date: _____						

APPLICANT'S PERSONAL REFERENCE

Not to be completed by a relative or spouse

APPLICANT'S NAME: _____

The above mentioned applicant is applying for an apprenticeship with the UA Piping Industry College of BC (Plumbers & Pipefitters Union Local 170), and has given your name as a reference. Will you please give us your honest and candid opinion of the applicant's suitability for learning a skilled trade, including unquestioned integrity, dependability and the ability to learn the trade? Thank you.

How long have you known the applicant?			
If an Employer, please fill out the following:			
Company Name: _____			
Your Name and Position: _____			
Phone Number: _____		Applicant's Position: _____	
Dates of Employment: _____			
Type of Work Performed: _____			
Work Record: _____			
Reason for Leaving (if applicable): _____			
Please check the following characteristics you feel give an honest opinion of the applicant:			
Grooming:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Initiative:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Dependability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Reliability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Moral Responsibility:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Shows Maturity:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Alertness:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Courtesy:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Honesty:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Self-Control:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Cooperativeness:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Tact:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Comments: _____ _____			
Printed Name: _____		Relationship to Applicant: _____	
Signature: _____		Date: _____	
Phone Number: _____			

APPLICANT'S PERSONAL REFERENCE

Not to be completed by a relative or spouse

APPLICANT'S NAME: _____

The above mentioned applicant is applying for an apprenticeship with the UA Piping Industry College of BC (Plumbers & Pipefitters Union Local 170), and has given your name as a reference. Will you please give us your honest and candid opinion of the applicant's suitability for learning a skilled trade, including unquestioned integrity, dependability and the ability to learn the trade? Thank you.

How long have you known the applicant?			
If an Employer, please fill out the following:			
Company Name: _____			
Your Name and Position: _____			
Phone Number: _____		Applicant's Position: _____	
Dates of Employment: _____			
Type of Work Performed: _____			
Work Record: _____			
Reason for Leaving (if applicable): _____			
Please check the following characteristics you feel give an honest opinion of the applicant:			
Grooming:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Initiative:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Dependability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Reliability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Moral Responsibility:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Shows Maturity:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Alertness:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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Cooperativeness:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Tact:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Comments: _____ _____			
Printed Name: _____		Relationship to Applicant: _____	
Signature: _____		Phone Number: _____	Date: _____

Have you completed the following?

FINAL CHECKLIST FOR COMPLETION OF APPLICATION

- Application - completed in full?
- All necessary transcripts/certificates/ITA - attached to application?
- Two 2" x 2" photos - attached to application?
- Physician's Report - completed in full?
- Three references - completed in full?

REMEMBER.....

If your application is not completed in full and requirements are missing, your application will NOT be processed!

If you have any questions about the application or what is required, please contact the college at:



 PIPING INDUSTRY
COLLEGE of B.C.

UA Piping Industry College of BC

Main Campus – Delta

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