

## WORK-BASED TRAINING REPORT

ITA Customer Service Suite 110 - 2985 Virtual Way Vancouver, BC V5M 4X7 Tel: 778-328-8700

Fax: 778-328-8701 Toll Free: 1-866-660-6011 customerservice@itabc.ca

Please complete the relevant sections of this form to report your work-based training hours for your apprentice. Print clearly. Required fields are indicated in **BOLD**. Missing information may delay the reporting process. Return completed form to ITA Customer Service (email, fax or mail).

ITA Individual ID#:

**Note:** The apprentice's registered sponsor must always sign this form.

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|------|------|----|------|------|-----|------|--------|

Program (Trade):

| Legal First Name:  | Legal Middle Name (s) |  | Legal Last Name: |  |
|--|-----------------------|--|------------------|--|
| Suite Number:  | Mailing Address:      |  |                  |  |
| City:  | Province:<br>B.C.     |  | Postal Code:     |  |
| Phone Number:  | Fax Number:           |  | Email Address:   |  |
| B. Work-Based Training Hours Repo  | ort                   |  |                  |  |
| Reporting Period: (MMMM,DD,YYYY) Start Date:  End Date:  |                       | Total number of work-based training hours reported during this period:   |                  |  |
| Please ensure you include an end date to report (of "ongoing", etc. End date of report would be the date hours "up to" for example you could use the date y ITA for processing | ate you are reporting | Please ensure that if you are recording hours that you do not overlap an hours that were sent in previously. Please note: we are unable to accept "future dates" as apprentices have not worked those hours yet. |                  |  |
| Company name of employer providing work-ba<br>(if different than registered Sponsor):  | ased training hours   | Program (Trade):   |                  |  |
|  |                       | Program Endorsement  | t:               |  |
| Employer Contact name and phone number (if different than registered Sponsor Contact:  |                       | Signature of Employer contact (if different than registered Sponsor)   |                  |  |
| Cignotive by an authorized representative  |                       |  |                  |  |

Signature by an authorized representative the apprentice's registered sponsor attesting to the statement below is required to approve the reported work-based training hours being added to the apprentice's training record.

I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent.

| CC          | DODGOE          | Annrova  |
|-------------|-----------------|----------|
| <b>U.</b> 3 | ponsor <i>i</i> | Approval |

| , · · · · · · · · · · · · · · · · · · · | Name of Authorized Sponsor Representative:<br>(Please Print) |
|---|--|
| Sponsor Organization ITA ID#:           | Signature of Authorized Sponsor Representative:              |