



Atlantic Workforce Partnership  
Partenariat pour la main-d'œuvre de l'Atlantique



Employment and Social Development Canada

Emploi et Développement social Canada

## Atlantic Apprenticeship Harmonization Project

### ATLANTIC TRADE ADVISORY COMMITTEE EXPRESSION OF INTEREST FORM

Trade/Occupation: **CONSTRUCTION ELECTRICIAN** Host Jurisdiction: **Nova Scotia**

Please complete the shaded parts of this form and return it to the following fax or E-mail no later than: **MAY 8, 2015**

Fax:  E-mail:  Phone:

**TO BE COMPLETED BY THE APPOINTING JURISDICTION:**

Jurisdiction:  Rep:

The following individual meets the selection criteria outlined in the Atlantic Trade Advisory Committee Terms of Reference and I recommend their membership in the ATAC.

<b>ATAC Role:</b>	<input type="checkbox"/> Trade Practitioner (Employee) <input type="checkbox"/> Trade Practitioner (Employer) <input type="checkbox"/> Instructor	<b>Previous Workshop Experience:</b>	<input type="checkbox"/> NOA <input type="checkbox"/> Item Bank <input type="checkbox"/> Editing <input type="checkbox"/> Translation <input type="checkbox"/> Jurisdiction Review/Validation
<b>Name:</b>		<b>Job Title:</b>	
<b>Address: Street City, Prov/Terr. Postal Code</b>		<b>Phone &amp; Fax:</b>	H. W. Cell Fax
<b>E-mail:</b>		<b>Specialization:</b>	
<b>Years of Trade Experience:</b>		<b>Provincial Trade Advisory Board Member:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer and Employer Address:</b>		<b>Size of Company:</b>	<input type="checkbox"/> Self-employed <input type="checkbox"/> Small (1-10 employees) <input type="checkbox"/> Medium (11-50 employees) <input type="checkbox"/> Large (over 50 employees)
<b>Certification / Endorsement Credential:</b>	<input type="checkbox"/> Interprovincial Endorsement (Red Seal) <input type="checkbox"/> Provincial Certification (with no Red Seal) <input type="checkbox"/> Journeyperson Equivalent* <input type="checkbox"/> Completed apprenticeship program	<b>Credential Information:</b>	IP #: CQ #: Apprenticeship Certificate/Diploma #:
<b>Union Member:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Under-represented individuals:</b>	<b>(Completion of this section is optional)</b> I am a(n) <input type="checkbox"/> Female <input type="checkbox"/> Aboriginal person <input type="checkbox"/> Person with a disability <input type="checkbox"/> African Canadian <input type="checkbox"/> Other (specify) _____

**Summary of Current and Previous Work Experience, Skills, Knowledge, and Training or attach a resume:**

\*A credential issued by the apprenticeship authority recognizing journeyman equivalency