

# Verification and Disclosure of *Manitoba* Apprenticeship Training and Certification Credentials

## ***Purpose:***

This application is for out-of-province requests for information about Manitoba apprenticeship training and certification credentials. This application should be completed by the government body or person(s) requesting this information. This application can not be completed with out the written consent of the client.

## ***Can Manitoba training and certification credentials be assessed by another jurisdiction?***

Yes.

In order to have status as an apprentice or journeyperson from Manitoba verified, the client must consent to the indirect release of their information by Apprenticeship Manitoba to the verifying government body or person(s).

## ***How is this process completed?***

The verifying government body or person(s) should read and complete the necessary information on the attached application form.

In order for the request to be processed the client must provide a signature for the consent to the indirect collection and disclosure of personal information by Apprenticeship Manitoba of the Department of Competitiveness, Training and Trade.

***Incomplete applications will not be processed.*** Submit the application by mail or fax to Apprenticeship Manitoba in Winnipeg as listed below.

## ***What information is required?***

In the top portion of the application, the government body or person(s) must provide the out-of-province contact information and client information including name, and date of birth.

The government body or person(s) requesting personal information must also check the boxes and include the relevant information that you want Apprenticeship Manitoba to disclose and include additional information required in the blank spaces provided.

The client is responsible to read and understand the **CONSENT TO THE INDIRECT COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION**. Once read and understood, the client must print the name of the appropriate government body or person(s) for the purpose of verifying apprenticeship training and certification credentials obtained in Manitoba. ***The client must sign and date the form in the space provided.***

## Verification and Disclosure of *Manitoba* Apprenticeship Training and Certification Credentials

**OUT-OF-PROVINCE CONTACT INFORMATION** (PLEASE PRINT) **TRADE:** \_\_\_\_\_

Name of Organization	Contact	Address	City/Town/Province	Postal Code
Home or Cell Phone	Business Phone	Fax#	E-mail address	

**CLIENT INFORMATION** (PLEASE PRINT)

First Name	Middle Initial	Last Name	Birth Date (yy/mm/dd)
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### SECTION 1 - REQUEST FOR CLIENT INFORMATION

Check the box(es) and include the relevant information that you want Apprenticeship Manitoba to disclose.

- Completion of apprenticeship # \_\_\_\_\_ date of issue \_\_\_\_\_
- Journeyperson certificate # \_\_\_\_\_ date of issue \_\_\_\_\_
- Interprovincial Red Seal # \_\_\_\_\_ date of issue \_\_\_\_\_
- Practical exam passed  yes  no  not applicable
- Technical training  pass  fail
- Eligible to attempt interprovincial exam  yes  no
- Date of interprovincial exam attempts \_\_\_\_\_  
yy/mm/dd yy/mm/dd yy/mm/dd
- Other (please specify) \_\_\_\_\_

Level of apprenticeship training completed

Hours					
Level					

### CONSENT TO THE INDIRECT COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

I understand that \_\_\_\_\_ (please insert name of government body or person requiring your personal information) needs to collect the personal information about me indicated in Section 1 as it relates to my education, employment or occupation, or educational, employment or occupational history from Apprenticeship Manitoba.

I consent to Apprenticeship Manitoba disclosing the personal information indicated in **Section 1** to this government body or person for the purpose of verifying the apprenticeship training and certification credentials I obtained in Manitoba.

I understand that upon Apprenticeship Manitoba's receipt of this completed consent form, Apprenticeship Manitoba will release the personal information I have authorized for disclosure in the spaces provided in **Section 1**.

I also consent to this government body or person disclosing information to Apprenticeship Manitoba as may be necessary to collect the information indicated in **Section 1**.

\_\_\_\_\_  
*Signature of Client* \_\_\_\_\_  
*Date*