



**ONTARIO YOUTH APPRENTICESHIP PROGRAM (OYAP)
PRELIMINARY REGISTRATION FORM**

TRAINEE: _____

NOTE: Hours worked under Coop may be applicable toward apprenticeship hours.

POSITION (TRADE NAME): _____

BUSINESS NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____

FAX: _____

START DATE: _____

END DATE: _____

Would you like a trade specific information package as per your identified trade? **YES** **NO**
(Please Circle)

This section is to be filled out by the assigned School Representative

COOP Teacher: _____ **Contact Number:** _____

School Location: _____ **Email Address:** _____

GENERAL COMMENTS:

This section is to be filled out by the Ministry of Training, Colleges & Universities Field Representative

Did the placement result in an apprenticeship registration? **YES** **NO**
(Please Circle)

I agree to allow the Apprenticeship Area Office and/or Ontario Youth Apprenticeship Program Department to collect personal information. This personal information will only be used for referral and feedback purposes between the School Board OYAP program, Ministry of Training, Colleges & Universities, and the delivery agent Crescive Corporation.

In signing below, I confirm that all of the information I provide on this form and during my participation in the Ontario Youth Apprenticeship Program is complete and true and I acknowledge that I consent to provide personal information referred to above freely and voluntarily. I hereby give my consent as follows:

To be signed by the individual named above or by parent/legal guardian of youth under sixteen:

Signature..... Date: Guardian Date:

Fax completed form to the following representatives:

Ministry of Training, Colleges & Universities - Kenora Office

Fax # (807)-468-2881

- Thunder Bay Office (Ignace Only) Fax # (807)-768-2536

Ontario Youth Apprenticeship Program Board Representative

Fax # (807)223-5595