



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 foundations programs

Please read the following information carefully. In order for your application to be accepted and reviews, 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: MUST** attach a high school transcript, graduation certificate, or GED marks. Please also attach trade school marks or previous piping trades 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 also attach a copy of those.
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. **Photos:** 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 INFORMATION

Program of Interest:

- Plumbing
 Sprinklerfitting
 Steamfitting
 Welding A B Level
 Welding Foundation
 Piping 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.

*Email**First Name* (Legal Given)*Preferred* First Name*Surname* (Legal Last/Family Name)*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***Gender:** Male Female Prefer not to disclose**Date of Birth:** _____
(Day/Month/Year)**Height:** _____ **Weight:** _____Did you immigrate to Canada? Yes No

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:

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

D. EDUCATIONAL HISTORY

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

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

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

Who referred you to 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 go to section G.

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

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.

F. APPRENTICESHIP STATEMENT

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 hours 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: _____

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 the applicant

Surname (Legal Last / Family Name)

First Name (Legal Given)

Address

City/Municipality

Province, Country

Occupation

Postal Code

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

Blood Pressure: _____ **Posture:** _____

Height: _____ **Weight:** _____

Hearing: _____ **Oral Hygiene:** _____

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

L.20/

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

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
#101 – 1658 Foster's Way
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 #1

Not to be completed by a relative or spouse.

APPLICANT'S NAME: _____

This applicant is applying for an apprenticeship with the UA Piping Industry College of BC (Plumbers & Pipefitters Union Local 170). Will you please give us your honest and candid opinion of the applicant's suitability for learning a skilled 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: _____ Applicants 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: Fair Good Excellent

Initiative: Fair Good Excellent

Reliability: Fair Good Excellent

Ethical Behaviour: Fair Good Excellent

Maturity: Fair Good Excellent

Alertness: Fair Good Excellent

Courtesy: Fair Good Excellent

Honesty: Fair Good Excellent

Self-Control: Fair Good Excellent

Cooperativeness: Fair Good Excellent

Tact: Fair Good Excellent

Dependability: Fair Good Excellent

Comments: _____

Printed Name: _____ Relationship to Applicant: _____

Signature: _____ Phone Number: _____ Date: _____

APPLICANT'S PERSONAL REFERENCE #2

Not to be completed by a relative or spouse.

APPLICANT'S NAME: _____

This applicant is applying for an apprenticeship with the UA Piping Industry College of BC (Plumbers & Pipefitters Union Local 170). Will you please give us your honest and candid opinion of the applicant's suitability for learning a skilled 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: _____ Applicants 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
Reliability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Excellent
Ethical Behaviour:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Excellent
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
Dependability:	<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 #3

Not to be completed by a relative or spouse.

APPLICANT'S NAME: _____

This applicant is applying for an apprenticeship with the UA Piping Industry College of BC (Plumbers & Pipefitters Union Local 170). Will you please give us your honest and candid opinion of the applicant's suitability for learning a skilled 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: _____ Applicants 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
Reliability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Ethical Behaviour:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
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
Dependability:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Comments: _____

Printed Name: _____ Relationship to Applicant: _____

Signature: _____ Phone Number: _____ Date: _____

Revised: Jan 12, 2021
Author: A.D. Al Phillips
Editor: Alysha Morris

Have you completed the following in full?

FINAL CHECKLIST FOR COMPLETION OF APPLICATION

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

REMEMBER.....

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



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