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| **Instructions:**1. Complete this form.
2. Attach resume, if you have one.
3. Return using one of the methods below.
 |
| **TRADE ADVISORY COMMITTEE EXPRESSION OF INTEREST FORM** |
| **Trade/Occupation:** | **Apprentice Skill Development and Logbook Signoff** |  |  |
| ***Please complete the shaded parts of this form and return it to the following fax or E-mail no later than:***  |
| ***Fax:*** | 902-424-0717 | ***E-mail:*** | kate.wray@novascotia.ca | ***Phone:*** | 902-221-7313 |
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| ***Please complete following selection criteria to be considered for the Trade Advisory Committee***  |
| ***TAC Role:*** | [ ]  Trade Practitioner (Employee)[ ]  Trade Practitioner (Employer)[ ]  Instructor[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Previous Workshop******Experience:*** | [ ]  NOA[ ]  Item Bank[ ]  Editing[ ]  Translation[ ]  Jurisdiction Review/Validation |
| ***Name:*** |  | ***Job Title:*** |  |
| ***Address: Street******City, Prov/Terr.******Postal Code*** |  | ***Phone & Fax:*** | H. W. Cell Fax  |
| ***E-mail:*** |  | ***Specialization:*** |  |
| ***Years of Trade Experience:*** |  | ***Provincial Trade Advisory Board Member:*** | [ ]  Yes[ ]  No |
| ***Employer and Employer Address:*** |  | ***Size of Company:*** | [ ]  Self-employed[ ]  Small (1-10 employees)[ ]  Medium (11-50 employees)[ ]  Large (over 50 employees) |
| ***Certification /******Endorsement Credential:*** | [ ]  Interprovincial Endorsement (Red Seal)[ ]  Provincial Certification (with no Red Seal)[ ]  Journeyperson Equivalent\*[ ]  Completed apprenticeship program | ***Credential Information:*** | IP #: CQ #:Apprenticeship Certificate/Diploma #: |

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| ***Summary of Current and Previous Work Experience, Skills, Knowledge, and Training; including any College or university education or attach a resume:*** |
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| ***\*A credential issued by the apprenticeship authority recognizing journeyperson equivalency*** |

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| **ADDITIONAL INFORMATION** |
| **Union Member:** | [ ]  Yes If **Yes**, please indicate **Name of Union**: [ ]  No  |
| **Member of an** **Association(s):** | [ ]  Yes If **Yes**, please indicate **Name of Association(s)**: [ ]  No  |
| **Food Allergies/ Dietary Restrictions:** | [ ]  Yes [ ]  No If **Yes**, please specify: | **Under-represented Individuals:** | ***(Completion of this*** ***section is optional)***I am a(n):[ ]  Female[ ]  Aboriginal person[ ]  Person with a disability[ ]  African Canadian[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **To assist in the selection process, please respond to the following questions:** |
| **Please provide a summary of your work experience working with the Apprenticeship Agency on provincial, Atlantic or National curriculum or exam development.** |
| **Why are you interested in being part of this Atlantic Trade Advisory Committee?** |
| **What do you see as challenges and opportunities in the trade?** |
| **Describe your commitment to diversity and inclusion.**  |
| **Describe your comfort with or willingness to learn electronic meeting software such as Skype, Zoom, or Teams.** |

The Nova Scotia Apprenticeship Board recognizes the time involved in completing this expression of interest form and thanks you for your dedication and ongoing commitment to the trade. You will be contacted soon by someone at the Agency.