# SCHOOL DISTRICT #63 MARINE SERVICE TECHNICIAN

### 2014 - 2015 QUADRANT MARINE PROGRAM APPLICATION PACKAGE

## Saanich Schools



In Partnership with





#### Marine Service Technician

#### **Application for Technical Training**

#### **Applicant Information**

Last Name		First Name			Initial	
Address		1			1	
				Postal Code		
Home phone	Email			Work Phone		
Birthdate DD MM YY	Highe	st Education				
Apprenticeship Information						
Are you registered with the Industraining Authority?	try If ye Reg	es, pistration #				
If you are <u>not registered</u> , have you applied for registration?	ou If ye app	es, date of lication		······································		
Work Experience in Marine I	ndustry					
Employer		Type o	of Work		Time Period	

(over)

#### **Employer/Sponsor Information**

ompany Name		Owner or			
		Contact Person	ı		
ddress			Postal Code		
II.					
hone	Fax	Email			
lumber of			·		
imployees	Apprentice Supervisor				
ield of Business Operations	Oupervisor				
reid of business Operations					
I agree that the information on thi	s form may be used for establish	obline more also de la company			
i tuttori and contacting me when he	Cessary. In signing this form I	aive Quadrent Mari	no Incitiute Inc		
permission to disclose the information	ation on this form and my stude	ent records to again	of the Browings of B.C.		
I the Government of Canada, my pi	resent and tuture employers is	taff and instructors a	of the Institute Inquiries		
regarding the collection and disclo	sure of this information should	l be directed to the F	Program Director of the		
mstrate.					
The undersigned is register	ed with the Industry Train	ing Authority of	PC or will complete		
the registration process before	ore commencement of th	e training progra	be or will complete		
<b>0</b>		c training progra			
The undersigned understan	ds the requirements of th	e apprenticeshir	and the technical		
training program as specifie	d in the MST Program O	utline.	s and the technical		
Applicant/Apprentice		. Dete	· · · · · · · · · · · · · · · · · · ·		
ApplicationAppletitice		Date			
As employer/sponsor of the	above named applicant	support the apr	olicant's application		
i understand the requirement	nts of the technical trainir	o program and.	within the		
reasonable scope of busine	ss operations. I will provi	de the applicant	with the necessary		
time and opportunities to lea	arn the MST trade.	ao ano apphoant	with the necessary		
••	- ······ • • • • • • • • • • • • • • • •				
A - L - L -		-			
Applicant's Employer/Spons	sor	Date			
A non-refundable application	in foo of \$25.00 milet	omenous (III)	ar er o		
A non-refundable application enrollment this fee will be a	nnlied to the first tuities f	ompany this app	Discation. On		
on omnore and too will be a	bhingo to the light mitiOU to	se invoiced.	,		

Quadrant Marine Institute Inc.

7 - 2300 Canoe Cove Road Sidney, British Columbia, V8L 3X9 Tel. 250 656 2824 Fax 250 656 5092 info@quadrantmarine.com Quadrant Marine Institute Inc.

1490 Johnston Street Vancouver, BC V6H 3S1 Tel. 604 688 9622