



MEMORANDUM OF UNDERSTANDING (MOU)

The **Apprentice** and **Employer** must complete and sign **Parts A & B** of this MOU and **return** it to the **Apprenticeship and Trades Certification Division (ATCD), Industrial Training Section**, for final approval.

By signing this MOU, the **ATCD** will:

- ensure that the applicant is **registered** as an apprentice (for new applicants);
- ensure that the information for a **new employer** is recorded (for registered apprentices);
- ensure that all **completed documentation** is recorded in the apprentice’s file; and
- assign an **Apprenticeship Program Officer (APO)** to the apprentice’s file to establish and maintain a relationship with the employer and apprentice to ensure that all abide by the **terms of this MOU**.

All fields are MANDATORY and must be completed. Incomplete MOUs will be returned.

CHECK ONE → New Application Change of Employer

PART A (The Apprentice):

Upon signing this MOU, the **apprentice agrees to:**

- submit this completed **MOU** and the [Apprenticeship Application](#) to the **ATCD** when **starting a job in their trade** for the **first time**;
- submit this completed **MOU** to the **ATCD** each time there is a **change in employer**;
- attend **apprenticeship training** when called by the **ATCD**;
- complete all **apprenticeship training** and acquire the **workplace skills** and **hours** as outlined in the [NL Provincial Plan of Training](#) for their trade;
- have their **hours** and **workplace skills verified** in their Apprenticeship **logbook** by the employer and certified supervising journeyperson;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the [NL Provincial Plan of Training](#).

Trade	First Name	Middle Name	Last Name
Apprenticeship Registration No.: (Check box if not registered)	Telephone	Cell Phone	Email
P.O. Box and/or Street Address	City or Town		Province Postal Code

I, the Apprentice, agree to attend apprenticeship training when it is available, and I agree to the terms and conditions as outlined in this MOU for apprentices.

_____ / / /
 Apprentice’s Signature Day Month Year

PART B (The Employer):

Upon signing this MOU, the **employer agrees to:**

- have a **certified supervising journeyperson** on staff in the **same trade**. The certification must be recognized by the ATCD;
- provide **high quality** work experiences;
- **confirm** the hours worked **and record** them in the Apprentice's logbook;
- have the **workplace skills verified** in the Apprentice's logbook by the certified supervising journeyperson;
- **pay apprentices** a wage as per relevant collective agreements **or** as set out in the **NL Provincial Plan of Training**;
- **release** and encourage apprentices to attend **apprenticeship training**;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the **NL Provincial Plan of Training**.

Company Name			9-digit CRA No.		
Name of Company Representative		Email		Direct Phone Number	
P.O. Box and/or Street Address		City or Town		Province	Postal Code
Fax Number	Apprentice's Trade		Apprentice's Date of Hire ____ / ____ / ____ Day Month Year		
Name of Supervising Journeyperson		Certificate of Qualification No.		Date of Issue ____ / ____ / ____ Day Month Year	
Number of apprentices in this trade in your employ:			Number of certified journeypersons in the trade in your employ:		

I, the employer, agree to release this apprentice to attend apprenticeship training when it is available, and I agree to the terms and conditions outlined in this MOU for employers.

Employer's Signature

____ / ____ / ____
Day Month Year

OFFICE USE ONLY

APPROVED	ATCD OFFICIAL STAMP	Apprenticeship Registration Number:
		Director's Representative - APO Signature:
		____ / ____ / ____ Day Month Year

***Reason for Rejection:**

Mount Pearl	Clarenville	Central	Western	Labrador
Department of Advanced Education, Skills and Labour Industrial Training Section 1170 Topsail Road P.O. Box 8700 St. John's, NL A1B 4J6 Phone: 709-729-2729 Fax: 709-729-5878 Toll Free: 1-877-771-3737	Department of Advanced Education, Skills and Labour Industrial Training Section 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone: 709-466-3982 Fax: 709-466-3987 Toll Free: 1-877-771-3737	Department of Advanced Education, Skills and Labour Industrial Training Section 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: 709-292-4215 Fax: 709-292-4502 Toll Free: 1-877-771-3737	Department of Advanced Education, Skills and Labour Industrial Training Section Aylward Building 1-3 Union Street P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: 709-637-2366 Fax: 709-637-2519 Toll Free: 1-877-771-3737	Department of Advanced Education, Skills and Labour Industrial Training Section Burseby Building 163 Hamilton River Road P.O. Box 3014, Station B Happy Valley-Goose Bay, NL A0P 1E0 Phone: 709-896-6348 Fax: 709-896-6703 Toll Free: 1-877-771-3737