



THE RIGHT SKILLS ► A PROVEN ADVANTAGE

## WORK-BASED TRAINING REPORT

ITA Customer Service  
Suite 110 - 2985 Virtual Way  
Vancouver, BC V5M 4X7  
Tel: 778-328-8700  
~~Fax: 778-328-8704~~  
Toll Free: 1-866-660-6011

Please complete the relevant sections of this form to report your work-based training hours for your apprentice. Print clearly. Required fields are indicated in **BOLD**. Missing information may delay the reporting process. Return completed form to ITA Customer Service (email, fax or mail).

**Note:** The apprentice's registered sponsor must always sign this form.

### A. Your Apprentice Information

<b>Program (Trade):</b>	<b>ITA Individual ID#:</b>	
<b>Legal First Name:</b>	<b>Legal Middle Name (s):</b>	<b>Legal Last Name:</b>
<b>Suite Number:</b>	<b>Mailing Address:</b>	
<b>City:</b>	<b>Province:</b> BC	<b>Postal Code:</b>
<b>Phone Number:</b> (    )	<b>Fax Number:</b> (    )	<b>Email Address:</b>

### B. Work-Based Training Hours Report

<b>Reporting Period:</b> (MMMM,DD,YYYY)	<b>Total number of work-based training hours reported during this period:</b>
<b>Start Date:</b> <b>End Date:</b>	<i>Please ensure that if you are recording hours that you do not overlap any hours that were sent in previously. Please note: we are unable to accept "future dates," as apprentices have not worked those hours yet.</i>
<i>Please ensure you include an end date to report (do not use "to-date" or "ongoing", etc. End date of report would be the date you are reporting hours "up to" for example you could use the date you return the report to ITA for processing.</i>	<b>Program (Trade):</b>
<b>Company name of employer providing work-based training hours (if different than registered Sponsor):</b>	<b>Employer contact name and phone number (if different than registered Sponsor contact):</b>

Signature by an authorized representative the apprentice's registered sponsor attesting to the statement below is required to approve the reported work-based training hours being added to the apprentice's training record.

*I attest that the work-based training completed by the above named trainee/apprentice is being done under the supervision/direction of a certified tradesperson or equivalent.*

### C. Sponsor Approval

<b>Sponsor Organization Name:</b>	<b>Name of Authorized Sponsor Representative:</b> (Please Print)
<b>Sponsor Organization ITA ID#:</b>	<b>Signature of Authorized Sponsor Representative:</b>