



THE RIGHT SKILLS ► A PROVEN ADVANTAGE

WORK-BASED TRAINING REPORT

ITA Customer Service
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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

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

B. Work-Based Training Hours Report

Reporting Period: (MMMM,DD,YYYY)	Total number of work-based training hours reported during this period:
Start Date: End Date:	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.
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.	Program (Trade):
Company name of employer providing work-based training hours (if different than registered Sponsor):	Employer contact name and phone number (if different than registered Sponsor contact):

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

Sponsor Organization Name:	Name of Authorized Sponsor Representative: (Please Print)
Sponsor Organization ITA ID#:	Signature of Authorized Sponsor Representative: