



Youth Apprenticeship Contract

Is SYA being taken as part of a non-high school, adult education program? Yes No

1. In this Contract:

(a) "Commission" means the Saskatchewan Apprenticeship and Trade Certification Commission;

2. The High School agrees:

This contract made between

 Youth Apprentice's Last Name First Name Middle Name(s)
hereinafter called "Youth Apprentice"

Currently of

 Address City/Town Postal Code

 Birth date (DD/MM/YY) Telephone Number

Gender: Female Male

 Email address

- and -

 School Name (Where the majority of SYA will be completed) Sub-program if applicable (i.e. TASCAP, HCAP, etc.)

Saskatchewan Student ID Number (**required from high school official**)

3. The Youth Apprentice agrees:

- (a) to follow the policies and procedures established for the Commission's Saskatchewan Youth Apprenticeship Program.
- (b) to meet the expectations of the school in the area of attendance, conduct and deportment; and
- (c) to follow the policies and procedures contained in the Commission's Saskatchewan Youth Apprenticeship Program.
- (d) to allow the Commission to disclose information respecting my participation in the Youth Apprenticeship Program for the purposes of providing verification of my certification; determining my eligibility for apprenticeship and certification programs in other jurisdictions; assisting inter-provincial labour mobility; program planning and labour market research.

Dated at _____, Saskatchewan this _____ day of _____, 20 ____.

 Signature of Youth Apprentice

 Signature of School Official

 Print Name of the Youth Apprentice

 Print Name of School Official

The following information is voluntary.

Aboriginal Ancestry: Please check the appropriate category:
 First Nations Métis Inuit

Visible Minority: For the purpose of equity programs, visible minority persons are "persons, other than Aboriginal people, who are people of colour". For example, African, Chinese, Korean, or other racial background. Do you consider yourself to be a visible minority person?
 Yes No

Disability: Is a persistent and severe disability which limits employment activities. Do you consider yourself to have a disability?
 Yes No