

Instructions:

1. Complete this form.
2. Attach resume, if you have one.
3. Return using one of the methods below.

TRADE ADVISORY COMMITTEE EXPRESSION OF INTEREST FORM

Trade/Occupation: Residential HVAC
Installer

Please complete the shaded parts of this form and return it to the following fax or E-mail no later than: June 24, 2022.

Fax: 902-424-0717

E-mail: kate.wray@novascotia.ca

Phone: 902-221-7313

Please complete following selection criteria to be considered for the Trade Advisory Committee

TAC Role:	<input type="checkbox"/> Trade Practitioner (Employee) <input type="checkbox"/> Trade Practitioner (Employer) <input type="checkbox"/> Instructor <input type="checkbox"/> Other _____	Previous Workshop Experience:	<input type="checkbox"/> NOA <input type="checkbox"/> Item Bank <input type="checkbox"/> Editing <input type="checkbox"/> Translation <input type="checkbox"/> Jurisdiction Review/Validation
Name:		Job Title:	
Address: Street City, Prov/Terr. Postal Code		Phone & Fax:	H. W. Cell Fax
E-mail:		Specialization:	
Years of Trade Experience:		Provincial Trade Advisory Board Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer and Employer Address:		Size of Company:	<input type="checkbox"/> Self-employed <input type="checkbox"/> Small (1-10 employees) <input type="checkbox"/> Medium (11-50 employees) <input type="checkbox"/> Large (over 50 employees)
Certification / Endorsement Credential:	<input type="checkbox"/> Interprovincial Endorsement (Red Seal) <input type="checkbox"/> Provincial Certification (with no Red Seal) <input type="checkbox"/> Journeyman Equivalent* <input type="checkbox"/> Completed apprenticeship program	Credential Information:	IP #: CQ #: Apprenticeship Certificate/Diploma #:

Summary of Current and Previous Work Experience, Skills, Knowledge, and Training; including any College or university education or attach a resume:

*A credential issued by the apprenticeship authority recognizing journeyman equivalency

ADDITIONAL INFORMATION			
Union Member:	<input type="checkbox"/> Yes If Yes , please indicate Name of Union: <input type="checkbox"/> No		
Member of an Association(s):	<input type="checkbox"/> Yes If Yes , please indicate Name of Association(s): <input type="checkbox"/> No		
Food Allergies/ Dietary Restrictions:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please specify:	Under-represented Individuals:	(Completion of this section is optional) I am a(n): <input type="checkbox"/> Female <input type="checkbox"/> Aboriginal person <input type="checkbox"/> Person with a disability <input type="checkbox"/> African Canadian <input type="checkbox"/> Other (specify) _____
To assist in the selection process, please respond to the following questions:			
Why are you interested in being part of this Trade Advisory Committee?			
What do you see as challenges and opportunities in the trade?			
Describe your commitment to diversity and inclusion.			
Describe your comfort with or willingness to learn electronic meeting software such as Zoom or Microsoft Teams.			

The Nova Scotia Apprenticeship Board recognizes the time involved in completing this expression of interest form and thanks you for your dedication and ongoing commitment to the trade. You will be contacted soon by someone at the Agency.