



Government of Samoa

*Apprenticeship Council of Samoa*

**APPLICATION TO ENTER APPRENTICESHIP**  
(Apprenticeship Act 1972 and Amendments)

To: Secretary  
Apprenticeship Council of Samoa  
Ministry of Commerce, Industry & Labour  
Apia

Date: .....

We hereby apply for permission for ..... to become an apprentice of

.....

**1. PROPOSED EMPLOYER** *(to be completed by proposed employer)*

* Name of Employer	
* Business Address	
* Trade in which proposed apprentice will be engaged	
* Number of registered apprentices already engaged in this trade by the employer	
* Number of qualified tradesmen already engaged in this trade by the employer	
* Place of work of proposed apprentice	
* Proposed date of commencement of period of probation	

**2. PROPOSED APPRENTICE** *(to be completed by proposed apprentice)*

* Full Name:	* Date of Birth:
* Home Address:	
* Name of parent or guardian:	* Relationship:
* Last School attended:	* Date of leaving school:
* Standard of education attained: <i>(Certificate or other evidence must be attached)</i>	

We, the undersigned declare that we have read a copy of the Apprenticeship Act 1972 and its attendant Regulations and agree to the conditions of apprenticeship set out therein.

.....  
*(Signature of proposed employer)*

.....  
*(Signature of proposed apprentice)*

**MEDICAL CERTIFICATE**

I certify that the above named apprentice is  is not  *(tick where appropriate)*  
physically fit to undertake the proposed course of training.

Signed: .....  
(Medical Officer)

