



Samoa Apprenticeship Council

APPLICATION TO ENTER APPRENTICESHIP
(Apprenticeship ACT 2014)

To: The Chief Executive Officer
Ministry of Commerce, Industry & Labour
Apia

We, the undersigned, apply for approval of the Council to enter into an Apprenticeship Agreement.

The details for the new arrangements are as follows:

Employer Details:

1.Name of Employer:
2.Business Address:
3.Trade in which proposed apprentice will be engaged:
4.Number of registered apprentices already engaged in this trade by the employer:
5.Name of qualified tradesmen already engaged in this trade by the employer:
6.Place of work of proposed apprentice:
7.Proposed date of commencement of period of probation:

Apprentice Details:

1.Full Name:
2.Date of Birth:
3.Home Address:
4.Name of parent or guardian and relationship: (for persons under 21 years only)
5.Last school attended:
6.Standard of education obtained: (include all certificate copies of certificates achieved)
7.Date of leaving school:

We, the undersigned declare that we have read a copy of the Apprenticeship ACT 2014 and its attendant Regulations and Guidelines and agree to the conditions of apprenticeship arrangements set out therein.

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(Signature of Proposed Employer)

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(Signature of Proposed Apprentice)