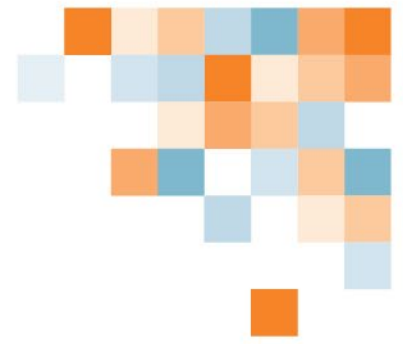


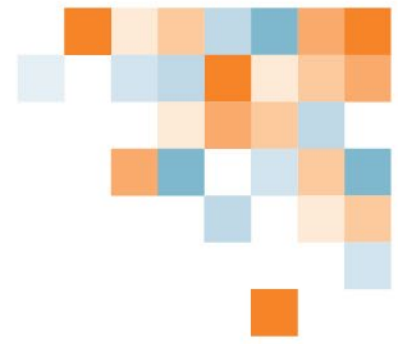
**Apprenticeship Recognition Month – Sponsor Success Story Form**

1. What group/class do you want to recognize? (Include year/level, trade, and name of school/business/sponsor).
2. Why are you proud of your apprentices?
3. What is most inspiring about this group of apprentices?



4. How have you helped to support your apprentices?

5. What words of encouragement would you give to apprentices across B.C.?



**To Include with your Submission**

Along with your above answers, please submit **a photo(s)** of the apprentices you wish to recognize. Photos, along with your answers, may be used on ITA social media channels and website.

Please provide signatures of consent below from both you and your apprentices to be featured by ITA on our public facing channels.

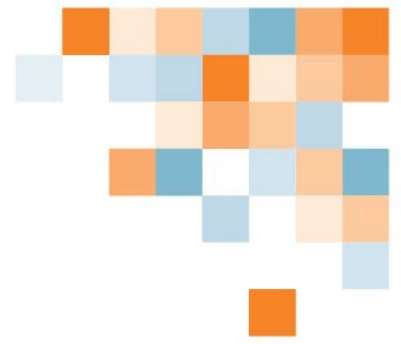
**Consent**

I hereby confirm that I am providing the Industry Training Authority (ITA) with all rights and license to use the photographs and/or video of me, in any form, including electronic, negatives, positives, and prints, without compensation.

I acknowledge this notice that the photographs and/or video are being collected pursuant to the Industry Training Authority Act and the Freedom of Information and Protection of Privacy Act for the purposes of marketing and promotion of the ITA, its programs and services, or any programs or services related to the ITA and its mandate.

I hereby consent and authorize the ITA and its service providers and agents, to collect, use and disclose all the personal information I have provided, including my photographic images and/or video, for the above purposes. I also agree that the ITA and its service providers and agents may access, store, use and disclose my photographic images and/or video in print and electronic media in Canada and worldwide in perpetuity.

I hereby acknowledge that I am 18 years of age or older, or I am the parent or legal guardian of the individual appearing in the photographs and/or video, and have read and understood the terms of this agreement and consent.



**Sponsor/Training Provider**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

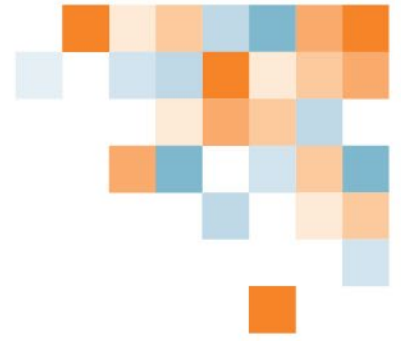
**Sponsor/Training Provider social media channels:**

*Facebook -*

*Instagram -*

*Twitter -*

*Other -*



**Apprentices**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*If apprentice is under age of 18, parent or legal guardian name and signature is required.**