



Pre-Apprenticeship Participant Registration Agreement

Complete All Sections

Revised: 07-01-2022

Form must be typed or in blue or black ink.

PMA# (Program Provider):
Agreement # [ATD use only]

PROGRAM NAME:
OCCUPATIONAL TRAINING GOAL (what trade is program training for. Can be “general construction,” “general IT,” etc.):

Participant Last Name (please print clearly)	First Name	MI
Mailing Address		Phone – Area Code & Number
City	State	ZIP
Email:		Date of Birth
County		

Gender	Race	Hispanic/Latinx	Military Service	Education	Highest Grade Completed
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non Binary	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Reserves <input type="checkbox"/> Guard <input type="checkbox"/> Not a Veteran Branch:	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Trade School Certificate <input type="checkbox"/> College Diploma	<input type="checkbox"/> K – 6 <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> 1 yr. college <input type="checkbox"/> 2 yr. college <input type="checkbox"/> 3 yr. college <input type="checkbox"/> 4+ yr. college

Note: This information is collected for informational purposes only. It is unlawful for a program or employer to discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, disability status, or a person 18 years old or older.

Performance Reporting Information System (PRISM)

ATD is required by law to include this Consent to Disclose Social Security Number for Use in the Performance Reporting Information System (PRISM). ATD does not collect Social Security Numbers. Providing a Social Security Number is voluntary and can be accomplished verbally by calling ATD. All Social Security Numbers given verbally will be encrypted in the ATD data system.

ORS 657.734 and OAR 839-11-0088(2) authorizes the Bureau of Labor and Industries' Apprenticeship and Training Division to request that you voluntarily participate in PRISM. Failure to participate will not be used as a basis to deny you any right, benefit or privilege provided by law. If you consent to participate in PRISM, your social security number will only be used only in the following manner. PRISM will collect client and workforce related information from the participating agencies (including this agency), analyze that information and provide the participating agencies and other state agencies and officials with statistical data, including education, training and other services provided to clients and the resulting client outcomes, in order to aid the agencies' program planning for providing services to Oregon's citizens. PRISM I will release only aggregate statistical information, without any personal identifiers, such as name or social security number. Furthermore, the data produced by PRISM will not be used by any participating agency, or any other state agency or official, to make any decision or take any action directly affecting any individual, including you.

Yes, I consent to disclose my social security number and related records for use in PRISM as described above.

No, I do not consent to disclose my social security number and related records for use in PRISM as described above

Participant Signature	Date
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OREGON STATE APPRENTICESHIP AND TRAINING COUNCIL PARTICIPANT REGISTRATION AGREEMENT

Participant Name (please print clearly)	Program Name
Participant Registration Agreement Number [ATD use only]	Training Start Date:

This Participant Registration Agreement is Subject to the Terms and Provisions Below

THE PROGRAM, agrees to diligently and faithfully train the participant, in accordance with the terms and conditions of the Participant Agreement, Program Curriculum, and regulations governing state registered pre-apprenticeship training programs as set forth in Oregon Administrative Rule 839-011-0335. The Program certifies that they will make substantial efforts to appoint the participant to an apprenticeship program upon satisfactory completion of their training.

THE PARTICIPANT agrees to perform the work of the trade or craft diligently and faithfully during the period of training, in accordance with the terms of this Participant Agreement, the program's curriculum and the rules and policies of the program.

THIS AGREEMENT must be submitted to the Oregon State Apprenticeship and Training Council (OSATC) or the State Director of the Apprenticeship and Training Division. This agreement may be terminated pursuant to the program's procedures.

WITNESSETH, that the Program or Program's Agent, the above participant, and the parent or guardian if a minor, hereby enter into the period of training in conformity with the Program's curriculum and training which have been approved and registered by the State Apprenticeship and Training Council, and such standards, and any amendments thereto made during the period hereof, are hereby made a part of this agreement, with the same force and effect as though written herein, a copy of which shall be attached to the agreement. The participant authorizes the release of school records to the Program while in the pre-apprenticeship training program.

RECORD OF PROGRAM PARTICIPATION (Must be submitted to ATD no later than 14 days from program start date)

Training Program Start Date:	
Anticipated Completion Date	

SIGNATURES

PROGRAM ADMINISTRATOR signature or Authorized Rep.	Date
PROGRAM signer's PRINTED name (please print clearly)	
PARTICIPANT signature	Date
PARENT/GUARDIAN (if pre-apprentice is under 18 years of age)	Date

DATE STAMP: For BOLI-ATD internal use only

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