



GOVERNMENT OF BERMUDA

Department of Workforce Development

NATIONAL TRAINING BOARD

APPLICATION FORM

Bermuda National Occupational Certification

Please note:

Sections A to G: to be completed for an initial application;

Section A, B, D, E and G: to be completed only if this is your initial application for National Occupational Certification;

Section A,B,F and G: to be completed for a replacement applicaiton.

Section A: General Information

Name of designated occupation

Please tick appropriate box:

Initial Certificate

Renewal of Certificate

Replacement of Certificate

Replacement of ID Card

Section B: Personal Information

Personal Information

Last Name First Name

Middle Name Social Insurance No.

Please tick appropriate box:

Male

Female

Date of Birth D

M

Y

Mailing Address

Work Telephone

Home Telephone

E-Mail

Country of Birth

Are you a permanent resident of Bermuda? Yes

No

Spouse of Bermudian

If no, Work Permit No.

Expiry Date

Do you speak English? Yes

No

If no, what language? *

Will you need an interpreter? Yes

No

* Applications are required to provide documentation to verify their proficiency of the English language within 6 months of the date of this application.

Section C: Apprenticeship

Have you ever commenced an apprenticeship? No (Go to Section D) Yes (Give details)

Country where you did your Apprenticeship

Address

What was the length of the Apprenticeship? Years Months

Did you complete the Apprenticeship? Yes No

Section D: Name Certificates/Documents presently held

Name	Issued By	Date	Expiry Date

Section E: Employment History

Company Name and Address	Employment or Classification	Period of Employment		Is Employee Reference included?
		From	To	

Section F: Replacement Certificate

Reason for replacement? Lost Damaged Name Change

Type of Certificate Wall Wallet

Certificate No. Date of Issue Expiry Date

Section G: Declaration

In submitting this Application for Bermuda National Occupational Certification, I hereby certify and declare the following:

- I have read the instructions on this form and I understand them.
- The details contained in my application are true and correct.
- The documents I have attached are genuine and relate to my application.
- I understand it may be necessary for the Department of Workforce Development (DWD) to contact my current or previous employers, the training organisations or colleges I have attended, and other Commonwealth or State Government departments or agencies to verify the information I have provided in this application.
- I understand that the DWD from time to time may publish information guides or application requirements setting out the requirements for applications for specific trade vocations, I understand if I do not comply with these requirements my application may be refused or returned.
- I understand that the applicable fee I have paid is not refundable.
- I understand that the application I am lodging is to recognise my skills and knowledge in a trade vocation and not an application for a licence.

I have appended the following information with my application:

Application Fee No Yes

Passport or Voter's Card No Yes (Overseas applicants must attach a certified copy of valid passport)

Copy of Work Permit No Yes

Copy of Spousal Letter No Yes

Evidence supporting my past employment in the trade No Yes

Evidence detailing the nature of trade work I have performed in the past No Yes

Evidence relating to my vocational training No Yes

(All certificates must be certified and translated in English where applicable)

Evidence relating to my current employment No Yes

Applicant's signature Date

Witness's signature Date

Name of witness (printed)

Address of witness

Phone (business hours)

Privacy Notice

The information you provide in your Application for Bermuda National Occupational Certification will be treated confidentially and will be used by the Department of Workforce Development (DWD) and the Industry Assessment Panel (IAP) only for the purpose of assessing your application.

When dealing with your application, the DWD may validate the information you provide by contacting your current or former employers, any training organisations or colleges you have attended, and relevant State or Commonwealth departments or agencies.

The information you provide will be stored securely by DWD. You may correct any personal details at any time by contacting DWD at 292-3700.

Signature of Applicant

I certify that to the best of my knowledge, the information provided in this application is true and complete in all respects and that I have not withheld any relevant information. I authorize the National Training Board or its' designate to contact individuals as required to verify my training, certification and work experience in the trade.

Signature

Date

