

1. Trainee Information – Required
(Return the completed form to your School Coordinator)

Full Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
<i>Mailing Address</i>		
<i>Town/City</i>	<i>Province</i>	<i>Postal Code</i>
Primary Phone: ()	Email Address: _____	
Alternate Phone: ()	Email addresses must be unique	
Birth Date: (year / month / day)	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
AB Student No.: _____		
AB Student No. required to register and leaving it blank will delay registration in the program.		
Training Specialization (please check one):		
<input type="checkbox"/> Beekeeping <input type="checkbox"/> Cow-Calf <input type="checkbox"/> Dairy <input type="checkbox"/> Feedlot <input type="checkbox"/> Equine <input type="checkbox"/> Field Crop <input type="checkbox"/> Greenhouse <input type="checkbox"/> Irrigated Crop <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Poultry - Turkey Production <input type="checkbox"/> Poultry – Broiler Chicken Production <input type="checkbox"/> Poultry – Broiler Hatching Egg Production <input type="checkbox"/> Poultry – Table Egg Production		
Training Level : <input type="checkbox"/> Level 1 - Technician		
Training Document Version: _____		

2. Parent/Guardian Information – Required if trainee is under 18 years of age

Parent/Guardian Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:		
Same as Trainee? <input type="checkbox"/> <i>Mailing Address</i>		
<i>Town/City</i>	<i>Province</i>	<i>Postal Code</i>
Primary Phone: ()	Email Address: _____	
Alternate Phone: ()	Email addresses must be unique	

3. Trainer / Training-site Information – Required

Trainer Name:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>
Parent/Guardian named above is Trainer? <input type="checkbox"/>		
Farm Business Name: _____		
Trainer Address:		
<i>Mailing Address</i>		
<i>Town/City</i>	<i>Province</i>	<i>Postal Code</i>
Training-Site Address:		
<i>Physical Address (if different than Mailing Address)</i>		
<i>Town/City</i>	<i>Province</i>	<i>Postal Code</i>
Primary Phone: ()	Email Address: _____	
Alternate Phone: ()	Email addresses must be unique	

4. Additional Contact Information – Optional

Full Name:	_____		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____		
	<i>Mailing Address</i>		
	_____	_____	_____
	<i>Town/City</i>	<i>Province</i>	<i>Postal Code</i>
Primary Phone:	() _____	Email Address:	_____
Alternate Phone:	() _____	Email addresses must be unique	

5. School Information – For Green Certificate School Coordinator
 (Send all forms to your Regional Coordinator)

School Name, Town:	_____		
	<i>Town/City</i>		
School Coordinator Name:	_____		
Primary Phone:	() _____	Email Address:	_____
<input type="checkbox"/> Trainee has additional Training or Testing conditions?			

6. For Green Certificate Program Use Only

Approved by (regional coordinator):	_____		
This agreement shall be in effect from	_____	to	_____

Worker's Compensation Board Coverage: As a result of Workers' Compensation Regulation AR 325/2002, Section 7(1)(e), the Workers' Compensation Act applies to students registered in off-campus education programs, including Green Certificate. Section 153(3) of the Act states that, for the purposes of insurance coverage, these students will be considered to be workers employed by the Government of Alberta. This may be important for Green Certificate Job-Site trainers to consider prior to becoming involved in off-campus education programs, since it does affect procedures for reporting student injuries. Additional detailed information regarding any off campus education programs can be found within the "Off-campus Education Handbook" (<http://education.alberta.ca/teachers/program/off-campus.aspx>). When a student is engaged in approved off-campus education activities, that student is regarded as an employee of Alberta Education. Student injuries are covered under Alberta Education's WCB account. The Government of Alberta shall provide coverage under the Worker's Compensation Act for the Green Certificate Student/Trainee working on an APPROVED training farm site, EFFECTIVE FOR THE TERM OF THIS REGISTRATION, WHEN SIGNED. The Job-Site Trainer named in this Registration Form is NOT COVERED by the Government of Alberta under Worker's Compensation Benefits.

Liability Waiver: The Government of Alberta shall not be liable for any damages including consequential damage, to the equipment or to the farm operation of the farmer caused by Student/Trainee or incurred through the Job-Site Trainer's employment/training of the Student/Trainee. Alberta Agriculture and Rural Development may terminate this registration at any time with notice in writing.

Privacy: Personal information on this form is used for the administration of the Green Certificate Program, under the authority of the Freedom of Information and Protection of Privacy Act section 33(c). Information provided is protected under the authority of the Freedom of Information and Protection of Privacy Act. Your name, school, and birth date may be shared with Alberta Education for high school credit transcript information. If you need more information, contact the provincial Green Certificate office at 780-968-3551.

I have read and acknowledge the above terms and conditions. Participants may withdraw from the Green Certificate Program at their discretion with verbal or written notification to the regional coordinator.

Trainee: _____ Date: _____

Parent/Guardian: _____ Date: _____

Trainer: _____ Date: _____

School Coordinator: _____ Date: _____

My contact information may be shared with the agricultural colleges (GPRC-Fairview, Lakeland, Lethbridge, and Olds) that partner with Green Certificate, in order that they can contact me about additional learning opportunities in agriculture

For more information contact

www.agriculture.alberta.ca/greencertificate

Green Certificate Regional Delivery Service Areas

Peace Region – Fairview

GPRC (Fairview Campus)

Amber Moskalyk

Box 3000

Fairview AB T0H 1L0

Ph: (780) 835-6771

Fax: (780) 835-6789

amberlhavens@hotmail.com

North West Region –

Barrhead/Leduc

Lakeland College

Janet Carlyon

Box 38 Site 2 RR 1

Dapp AB T0G 0S0

Ph: (780) 954-2677

Fax: (780) 954-2698

jcarlyon@mcsnet.ca

North East Region – Vermilion

Lakeland College

Deanna Kryz

5707 College Dr.

Vermilion AB T9X 1K5

Ph: (780) 853-8613

Fax: (780) 853-8715

deanna.kryz@lakelandcollege.ca

Central Region – Olds

Olds College

Pamala Church

4500 50 Street

Olds AB T4H 1W7

Ph: (403) 507-7912

Fax: (403) 556-4711

pchurch@oldscollge.ca

Southern Region – Lethbridge

Lethbridge College

Marina Grant

3000 College Dr. S.

Lethbridge AB T1K 1L6

Ph: (403) 634-6308

Fax: (888) 435-4827

marina.grant@lethbridgecollege.ca

(School Coordinator will send all forms to their Regional Coordinator)

Copies to: Student School Regional GC Office GC HQ (original)