

# Bricklayers & Allied Craftworkers Training and Industry Trust Fund of Saskatchewan Request for Training

## **Requestor Information**

Name:		
Company or Organization Name:		
Address (Street):		
City	Province	Postal Code
Telephone Number:	Fax Number:	E-mail Address:

## **Course(s) Requested Information**

Name of Course:	
Brief Description of Course Outline Expected:	
When to run course:	Expected length of course (hours/days/weeks):
Number of participants the company or organization committed to send:	
Name of participants (if confirmed) and years in industry (apprentice or journeyman status if applicable):	
Priority of Course:	
Additional Comments:	
Signature:	Date:

**Please note ONLY Participants who fall within the parameters of the Trust Agreement will be eligible for training.**

**Return completed form to Local 1, Saskatchewan  
PO Box 29016  
Regina, Saskatchewan  
Fax: (306) 347-8543**