



# COOK APPRENTICESHIP CERTIFICATION APPLICATION

**Please complete the following application:**  
(\* indicates a required field)

\* Please indicate level of certification requested:

One  Two  Three

\* Check One: Ms.  Mrs.  Mr.

(Please Print)

Name: \* \_\_\_\_\_  
Surname First Name Initial

Mailing Address: \* \_\_\_\_\_  
Street City/Town/Prov. Postal Code

Phone: \* \_\_\_\_\_ \* \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Work

Email: \* \_\_\_\_\_

Place of Employment: \* \_\_\_\_\_  
Name of Company

\_\_\_\_\_ Street City/Town/Prov. Postal Code

Supervisor's Name/Title: \* \_\_\_\_\_ Phone: \* \_\_\_\_\_ Email: \_\_\_\_\_

**EXPERIENCE IN OCCUPATION (Please list places of employment beginning with most recent)**

Place of Employment*	Address*	How Long*	Full Time*	Part Time*
1. _____	_____	From: <u>   </u> / <u>   </u> / <u>   </u> To: <u>   </u> / <u>   </u> / <u>   </u> Mo/Yr Mo/Yr	FT: <u>   </u>	PT: <u>   </u>
2. _____	_____	From: <u>   </u> / <u>   </u> / <u>   </u> To: <u>   </u> / <u>   </u> / <u>   </u> Mo/Yr Mo/Yr	FT: <u>   </u>	PT: <u>   </u>
3. _____	_____	From: <u>   </u> / <u>   </u> / <u>   </u> To: <u>   </u> / <u>   </u> / <u>   </u> Mo/Yr Mo/Yr	FT: <u>   </u>	PT: <u>   </u>
4. _____	_____	From: <u>   </u> / <u>   </u> / <u>   </u> To: <u>   </u> / <u>   </u> / <u>   </u> Mo/Yr Mo/Yr	FT: <u>   </u>	PT: <u>   </u>

**INDUSTRY SKILLS CERTIFICATES:**

Please indicate which of the following industry certificates you have already obtained and attach a copy of each to this form.

Food Safe Level 1\*     Yes     No Date of certificate: \_\_\_\_\_

***Proof of Food Safe Certification must be submitted or you will be required to complete the course.***

Post-Secondary Cook Training\*     Yes     No Institution \_\_\_\_\_

**Fee**

Registration and Certification	\$250.00
7% GST	\$17.50
<b>TOTAL</b>	<b>\$267.50</b>

Payable to: ***Food and Service Resource Group***

Please indicate method of payment\*:

Cheque  Money Order

I understand and agree to participate in the Cook Apprenticeship Assessment and Certification program. I authorize FSRG to release the results of my Theory and Practical assessment tests to both my employer and the Industry Training Branch.

Submit

Clear

***Once your application has been submitted  
you will be contacted to confirm registration and to make payment.***