

# Pre-Apprenticeship —

# Contact and Program Information

## U.S. Department of Labor

Employment and Training Administration

Office of Apprenticeship

 OMB Approval No. 1205-XXXX

 Expiration Date: XX/XX/20XX

**Contact Information**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

1. Does your program currently have a direct link to Registered Apprenticeship?
* Yes
* No

If yes, what is the nature of the direct link between your program and Registered Apprenticeship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the primary source of your financial support?
* Workforce Innovation and Opportunity Act (WIOA)
* Federal training program other than WIOA
* State and/or Local Government (grant or contract)
* Foundation
* Other
1. Is your program
* For-Profit
* Not-for-Profit
* Other
1. How many pre-apprenticeship clients do you serve annually? \_\_\_\_\_\_\_\_\_\_\_
2. Which population(s) does your program serve? (Select all that apply)
* Women
* Men
* Minorities
* Youth
* People with Disabilities
* Ex-Offenders
* Veterans
* Other
1. What is the average age of the population you serve?
* 16-25
* 25-35
* 35+
1. During each of the last five years, how many individuals has your program placed into Registered Apprenticeships on average, each year? \_\_\_\_\_\_\_\_\_\_\_ during the last twelve months?\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your program have entry requirements? If so, please list them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Curriculum**

1. Can individuals who successfully complete the pre-apprenticeship program enter directly into a Registered Apprenticeship program?
* Yes
* No
1. Can individuals who successfully complete the pre-apprenticeship program receive advance credit for skills already acquired after they enter a Registered Apprenticeship program?
* Yes
* No
1. Has your training and/or curriculum been reviewed or approved by a Registered Apprenticeship program sponsor?
* Yes
* No
1. Do you have a training curriculum?
* Yes
* No

If yes, will OA be able to obtain a copy, if requested?

1. Does your training lead to a certificate, credential or aid in the preparation for a credentialing/licensing exam?
* Yes
* No

If yes, please identify the certificate or credential and describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your program benefited from input offered by sources such as employer-sponsors, unions, registered apprenticeship (RA) programs, or an education entity such as a high school, community college, four-year university, etc.?
* Yes
* No

If yes, please list those sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Services**

1. Does your program provide supportive services or facilitate access to appropriate support services to the participants? (for example: financial coaching, ongoing career services, childcare assistance, etc)
* Yes
* No

If yes, please list those supportive services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your program conduct skill assessments and ABE (Adult Basic Education) tests to determine eligibility of participants?
* Yes
* No
1. Does your program have a referral protocol in place to build basic skills and conduct remedial training for participants who did not score well on an assessment?
* Yes
* No
1. Does your program use participant readiness checklists or standards?
* Yes
* No
1. Does your program have a case manager on staff to refer participants to support programs?
* Yes
* No
1. Does your program have features that replicate a real work environment?
* Yes
* No
1. Can you attest that your program’s real work environment does not displace current workers?
* Yes
* No
1. Please describe how your program replicates a real work experience. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which industries are currently served by your program? (Select all that apply)
* Agriculture, Forestry, Fishing and Hunting
* Construction
* Educational Services
* Finance and Insurance
* Food Services
* Health Care and Social Assistance
* Information Technology
* Leisure and Hospitality
* Manufacturing
* Mining, Quarrying, and Oil and Gas Extraction
* Public Administration
* Transportation
* Utilities
* Other Industries
1. For which occupation(s) does your program currently offer training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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