



# APPRENTICE REGISTRATION FORM



BRICK AND BLOCKLAYING  
APPRENTICE OF THE YEAR

Apprentice's Name:

Contact Address:

Email Address:

Mobile Number:

Other Contact Information:

Date of Birth:

Apprenticeship Completion Date:

Employer's Name:

Company Name:

Contact Details:

BICTO Training Advisors Name:

Please tell us why you chose a career in the Brick and Blocklaying Industry:

Registration forms, portfolios and supporting documentation can be emailed to – [info@bbfnz.co.nz](mailto:info@bbfnz.co.nz)

