



Ministry of Education
Office of the Inspector of
Independent Schools

CONFIDENTIAL CHARACTER REFERENCE #2
FOR AUTHORIZATION TO TEACH IN BRITISH COLUMBIA

Information on this form is collected by the Office of the Inspector of Independent Schools under the authority of the *Independent School Act*. The information will be used for processing applications for teacher certification and will be protected under the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information should be directed to the Office of the Inspector of Independent Schools, Ministry of Education, PO Box 9153 STN PROV GOVT, Victoria BC V8W 9H1. Phone: (250) 356-0520 Fax: (250) 953-4908.

NOTE: PART 1 - TO BE COMPLETED BY THE APPLICANT - After completing Part I, this character reference form is to be given by the applicant to a referee who shall complete Part II and mail it directly to the Office of the Inspector of Independent Schools.

PART II - TO BE COMPLETED BY THE REFEREE - The referee should not be a relative of the applicant and should have known the applicant for a **minimum of two years**.

DELAYS IN THE RECEIPT OF THIS FORM WILL RESULT IN DELAYS IN THE PROCESSING OF THE APPLICATION.

PART I: TO BE COMPLETED BY APPLICANT

MR. MISS.	MRS. TITLE (CIRCLE ONE)	MS.	SURNAME		GIVEN NAMES								
DR. REV.	SR.	BR.	FR.	USED GIVEN NAMES					OTHER PREVIOUS SURNAMES				
M / F		DATE OF BIRTH: YEAR MONTH DAY			STREET ADDRESS								
CITY				PROVINCE				POSTAL CODE		COUNTRY		TELEPHONE: HOME () WORK ()	

I, _____
(please print full legal name)

hereby consent that the following referee _____
(please print referee's name)

provide the British Columbia Ministry of Education, Office of the Inspector of Independent Schools with this confidential character reference as part of my application for authorization to teach in British Columbia. I acknowledge that this confidential character reference is not a teaching report.

Signature of Applicant _____ Date _____

RE: _____
APPLICANT'S NAME

PART II: To be completed by the referee

1. How long have you known the applicant?

2. In what capacity have you known the applicant? A referee may not be a relative of the applicant.

3. Describe situation(s) in which you have observed the applicant working with children or youth. If you have not observed the applicant working with children or youth, what characteristics and/or qualities have you seen the applicant exhibiting which would be valuable in working with young people?

4. a) Explain why you consider the applicant to be a fit and proper person to be working with students.

b) Do you have any reason to believe that the applicant would not be a fit and proper person to be working with children or should not be granted authorization to teach? If so, explain:

TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT.

Name of Referee: _____
(please print full name)

Occupation: _____

Signature of Referee: _____ Date: _____

Address: _____

Telephone: (Residence) _____ (Work) _____

THIS FORM IS TO BE MAILED BY THE REFEREE DIRECTLY TO:

**MINISTRY OF EDUCATION
OFFICE OF THE INSPECTOR OF INDEPENDENT SCHOOLS
PO BOX 9153 STN PROV GOVT
VICTORIA BC V8W 9H1**