



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 Inspector of Independent Schools, Ministry of Education, PO Box 9153 STN PROV GOVT, Victoria BC V8W 9H1. Telephone: (250) 356-2508 Facsimile: (250) 953-4908

Please indicate preferred subject restriction: _____

Personal Information

Title (please circle one) Mr., Mrs., Ms., Miss, Dr., Sr., Br., Fr., Rev		Surname		Given Names	
Used Given Names			Other Previous Surnames		
Male or Female	Date of Birth (m/d/y)	Street Address		Telephone Home: () Work: ()	
City	Province	Postal Code	Country	Email Address	

Employment Situation

- A. Not presently employed or hired for a position in a BC independent school
- B. Presently employed or hired for a position in a BC independent school Full-time Part-time _____
Name of BC independent school

Citizenship Status

- Canadian Citizen Landed Immigrant Canadian Work Permit (Expiry Date: _____) Other (Attach explanation)

Post-Secondary Education (Official Transcripts Required – see instructions)

NAME OF INSTITUTION				
Country	Dates of Attendance	Degree(s), Credential(s) Completed	Major(s)	Minor(s)
NAME OF INSTITUTION				
Country	Dates of Attendance	Degree(s), Credential(s) Completed	Major(s)	Minor(s)
NAME OF INSTITUTION				
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NAME OF INSTITUTION				
Country	Dates of Attendance	Degree(s), Credential(s) Completed	Major(s)	Minor(s)
NAME OF INSTITUTION				
Country	Dates of Attendance	Degree(s), Credential(s) Completed	Major(s)	Minor(s)

Teacher Education

Institution where teacher training was obtained: _____

Have you applied for certification with the B.C. College of Teachers? YES NO

If yes, have you been issued a certificate? YES NO

Teacher Certification Status (please include expiry dates)

Teaching Certificate Held	Issuing Authority	Restrictions (ie. grade levels, subjects)	Effective Date(s)
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Teaching Experience (begin with most recent and include all periods of employment as a teacher; include practicum(s) of six weeks or more in duration and indicate these with a "P" if no previous employer.)

Date	School	Province	Level/Subjects Taught
Date	School	Province	Level/Subjects Taught
Date	School	Province	Level/Subjects Taught

Confidential Character Reference Forms will be received from: (one must be a practicing professional)

Professional <i>Reference from family members are not acceptable</i>	Other <i>Reference from family members are not acceptable</i>
A. Name: _____	B. Name: _____
Telephone: _____	Telephone: _____
Position: _____	Position: _____

****Please note Confidential Character Reference Forms must be submitted directly by the referees.**

• HAVE YOU EVER HAD A TEACHING CERTIFICATE/CREDENTIAL SUSPENDED OR CANCELLED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF, IN CANADA OR ELSEWHERE, ANY CRIME, OFFENCE OR DELINQUENCY UNDER A STATUTE OR ORDINANCE OR HAVE YOU EVER BEEN GIVEN AN ABSOLUTE OR CONDITIONAL DISCHARGE ON A CRIMINAL OFFENCE? (If yes, please attach a written explanation, including applicable dates, places, nature of acts or offences, penalties and pardons.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I AM AWARE THAT, AS PART OF THIS APPLICATION, I AM REQUIRED TO PROVIDE THE INSPECTOR OF INDEPENDENT SCHOOLS WITH CONSENT TO A CRIMINAL RECORD CHECK AUTHORIZATION AND PAYMENT OF \$20. (PLEASE ATTACH CONSENT TO A CRIMINAL RECORD CHECK – MANUAL FORM A).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
• I AM A FIT AND PROPER PERSON TO TEACH AND WORK WITH CHILDREN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT. SUBMISSION OF AN APPLICATION WHICH IS MISLEADING OR FALSE IN WHOLE OR IN PART MAY LEAD TO DENIAL OR SUSPENSION OF TEACHER CERTIFICATION.

Signature of Applicant _____ Date _____

Note: This application will not be registered or processed until non-refundable payment of \$200 for the application processing and \$20 for the criminal record check have been received. Please make certified cheque payable in Canadian funds to the Minister of Finance. Upon successful completion of your application evaluation and criminal record check, you will be notified of eligibility for certification. The certificate issuing fee is \$20.

Return completed form and required documents to:

Ministry of Education
ATTENTION: NEW APPLICATION
 Office of the Inspector of Independent Schools
 PO Box 9153 STN PROV GOVT
 Victoria BC V8W 9H1

For Ministry Use Only

Qualifications: _____
 TTC Restrictions: _____ Expiry: _____ Denied