



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

The Authority requests that the following individual be considered by the Independent School Teacher Certification Committee:

AUTHORITY NAME	SCHOOL NAME
SUBJECT TO BE TAUGHT	
<input type="checkbox"/> SSR-1 <input type="checkbox"/> SSR-2 *Please refer to Checklist of Documents Required for SSR Independent School Teacher Certification	

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

<input type="checkbox"/> Presently employed or hired for a position in a BC independent school <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ <div style="text-align: right;">Name of BC independent school</div>

Citizenship Status

<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Canadian Work Permit (Expiry Date: _____) <input type="checkbox"/> Other (Attach explanation)
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Education History

HIGH SCHOOL EDUCATION (please provide verified proof of Grade 12 graduation or equivalency)	
Number of Years Completed	Grade Levels

Post-Secondary Education (verified photocopies of official transcripts accepted)

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

Detailed Letters of Recommendation verifying expertise in subject area will be received from:

A. School Authority Name: _____	C. Member of the Immediate School Community (not including A or B) Name: _____
B. School Principal Name: _____	D. Member of the Community at Large (beyond C) Name: _____

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

Professional <i>Reference from family members are not acceptable</i> A. Name: _____ Telephone: _____ Position: _____	Other <i>Reference from family members are not acceptable</i> B. Name: _____ Telephone: _____ Position: _____
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****Please note Letters of Recommendation and 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 is Part 2 of a two-part application and will not be registered or processed until both parts have been received and a 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:

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

For Ministry Use Only

COMMITTEE DECISION: _____

Expiry: Denied