

TEACHER FELLOWSHIP PROGRAM 2026-27

Certification of Teacher Status

NOTE:

For teachers employed with NLSchools: This form must be completed by the Assistant Deputy Minister (Educational Operations) (or designate) of NLSchools and must be submitted with your application for a Teacher Fellowship through Google Form. *The application will not be accepted if this form is not included.*

Teacher's last name, first name, middle initial(s)	
Teacher status 2026-27:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Replacement/substitute: Number of days _____
Category:	<input type="checkbox"/> Core French teacher <input type="checkbox"/> French immersion teacher <input type="checkbox"/> Other: _____
Teacher status 2027-28:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____
Name of school:	
Employer (for applicants of NLSchools, include Family of Schools):	
Has this teacher applied for paid educational leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For NL Schools: Assistant Deputy Minister (Educational Operations) (or designate)	
Name: _____	Date: _____
Signature: _____	

PRIVACY NOTICE

Personal information collected on this form is protected by the *Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)* and is used solely for the purposes of the administration/operation of the *Teacher Fellowship Program* provided by the Programs and Services Division of the Department of Education. This information is kept confidential and held securely as required by *ATIPPA, 2015*. If you have any questions about the collection or use of this information, please contact the Policy and Information Management Division of Department of Education at privacyEECD@gov.nl.ca.

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