



## Teaching and Learning Assistant Confidential Disclosure and Criminal Record Check

All questions must be answered fully and precisely on <u>BOTH</u> sides of this form. A false declaration or omission may be grounds for the denial, suspension or cancellation of a teaching certificate.

An original Criminal Record Check and Vulnerable Sector Check issued in your name from a Canadian police authority MUST also accompany this application.

| Surname Given Names   |             |          |             |             |        |    |  |  |  |
|---|-------------|----------|-------------|-------------|--------|----|--|--|--|
| Date of Birth Other Previous Names Used YY-MM-DD  |             |          |             |             |        |    |  |  |  |
| Other Previous Names Used   |             | YY-MM-DD |             |             |        |    |  |  |  |
| Address   |             |          |             |             |        |    |  |  |  |
| City/Town   |             | Province | Postal Code | Telephone l | Number |    |  |  |  |
| SELF/DISC   | CLOSURE     |          |             |             |        |    |  |  |  |
| Have you ever been denied, or had suspended or cancelled any certificate, permit or licence to teach, whether in Canada or in another country?  Yes  No |             |          |             |             |        |    |  |  |  |
| If YES:   | Place:      |          |             |             |        |    |  |  |  |
|   | Date:       |          |             |             |        |    |  |  |  |
|   | Details:    |          |             |             |        |    |  |  |  |
| Are you currently charged with any of whether in Canada or in another cour  |             |          | ny statute, |             | Yes    | No |  |  |  |
| If YES:   | Offence(s): |          |             |             |        |    |  |  |  |
|   | Place:      |          |             |             |        |    |  |  |  |
|   | Date:       |          |             |             |        |    |  |  |  |
|   |             |          |             |             |        |    |  |  |  |

| 3. | Have you b whether in   | Yes   | No           |      |  |  |  |  |  |
|----|---|---|--------------|------|--|--|--|--|--|
|    | If YES: Offence(s):   |   |              |      |  |  |  |  |  |
|    |   |   |              |      |  |  |  |  |  |
|    |   | Date:   |              |      |  |  |  |  |  |
|    |   | Penalty:  |              |      |  |  |  |  |  |
|    |   | Pardon under Criminal Records Act (Canada):                                 | Yes          | No   |  |  |  |  |  |
| C. | UNDERTAKING   |   |              |      |  |  |  |  |  |
|    | I hereby un of Education  | dertake to provide, upon request, official court records as required by on. | the Departr  | nent |  |  |  |  |  |
| D. | AUTHORIZATION   |   |              |      |  |  |  |  |  |
| 1. | I hereby grant to the Registrar of Teachers, Department of Education, full authorization to make inquiry from any police authority or other authority, organization or institution with regard to any criminal conviction or charge or any of the other matters referred to in Section B. |   |              |      |  |  |  |  |  |
| 2. | I further authorize and consent to the release of such details of convictions and outstanding charges by any law enforcement agency or authority to the Registrar of Teachers, Department of Education.   |   |              |      |  |  |  |  |  |
|    | ify that the in<br>mation has bo  | nformation provided on this form is TRUE and COMPLETE and the een withheld. | oat NO relev | ant  |  |  |  |  |  |
|    | Date  | Signature   |              |      |  |  |  |  |  |

\*Please Note: Written or Digital signature only. Electronic signature is not accepted.

The presence of a record of charges or convictions does not necessarily exclude you from teacher certification. Each case will be reviewed on an individual basis, to determine its relevance to the requirements of the teaching profession.

Complete and return this form together with your Application for Teaching Certificate or Licence to:

Teacher Certification
Department of Education
P. O. Box 8700
St. John's NL A1B 4J6