

## Teacher Certification 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.

## A. NAME/IDENTIFICATION

B.

1.

2.

Surname	Given	n Names			
		Date o	f Birth		
Other Previous Names Used			Date of Birth YY-MM-DD		
Address					
City/Town		Province	Postal Code	Telephone Number	
SELF/DIS	CLOSURE				
•	ver been denied, or had cence to teach, whether	1	•		No
If YES:	Place:				
	Date:				
	Details:				
	rently charged with an Canada or in another co		ny statute,	Yes	No
If YES:	Offence(s):				
	Place:				
	Date:				
	Details:				

•	een found guilty of any offence under any statute, Canada or in another country?	Yes	No
If YES:	Offence(s):		
	Place:		
	Date:		
	Penalty:		
	Pardon under Criminal Records Act (Canada):	Yes	No

## C. UNDERTAKING

3.

I hereby undertake to provide, upon request, official court records as required by the Department of Education.

## 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.

I certify that the information provided on this form is TRUE and COMPLETE and that NO relevant information has been withheld.

Date

Signature

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