

APPLICATION TO AMEND REGISTRATION INSTRUCTOR OR INSTRUCTOR ASSISTANT

*Private Career Colleges Operational Regulations
Pursuant to Section 22 and 26*

Please PRINT or Type Responses.

- All areas must be complete. If “see résumé” is listed on the application, it will be returned and have to be resubmitted when completed.
- Copies of any post-secondary degree(s), diploma(s), certificate(s) and current résumé noted in the section on educational background **MUST** be submitted with the application. Under certain instances, the Private Career Colleges Division may require a copy of the candidate’s transcript in order to verify the credentials and contact the institution to confirm domestic or international degree(s), diploma(s) or certificate(s) that pertain to specific programs.
- The Private Career Colleges Division may review and audit all personnel files, including supporting documentation, at the college.
- Personal information collected about the candidate, directly and indirectly, will be used by the Director in the ongoing review of registration and is collected under the authority of the *Private Career Colleges Act* and Regulations.
- The completed application, and supporting documentation, **must be submitted** to the Private Career Colleges Division and receive written approval **prior to** commencing instruction/assistance duties.
- The application fee is \$20.00 and must be **made payable to Minister of Finance**.
- A cheque or money order is attached: **YES** **NO**

| | | | |
|---|--|--|---------------------------------------|
| For Labour and Advanced Education USE ONLY | | | |
| Cheque or Money Order # _____ | | Date of Cheque or Money Order (yyyy / dd / dd) _____ | |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Instructor Assistant | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| Train-the-Trainer: | <input type="checkbox"/> Required | <input type="checkbox"/> Not Required | |
| Enroll by Date: | (yyyy / mm / dd) _____ | Completion Date: | (yyyy / mm / dd) _____ |
| Authorized by: Name (please print) _____ | | Signature _____ | Date (yyyy / mm / dd) _____ |
| Data Entry by: Name (please print) _____ | | Signature _____ | Date (yyyy / mm / dd) _____ |
| Train-the-Trainer Enrolled: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Date Enrolled: (yyyy / mm / dd) _____ | |
| Train-the-Trainer Completed: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Date Enrolled: (yyyy / mm / dd) _____ | |

Application is for a list of program(s). Print a separate sheet if there is more than one program. Please check the appropriate checkbox for instructor or instructor assistant.

| Program Name | Subjects/Modules | Instructor | Instructor Assistant |
|--------------|--------------------------|--------------------------|--------------------------|
| X | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> | |

Print extra copies of this page, if needed.

To be completed by the prospective instructor/instructor assistant

Candidate's given name(s)

Surname

Telephone Number

Home Address

Declaration Part 1 – To be completed by prospective instructor/instructor assistant

I hereby certify that the information reported on this form and contained in my degree(s), diploma(s), certificate(s), transcript and résumé is true and correct and I understand that it is an offence to knowingly provide any false or misleading information:

Name (please print)

Signature

Date (yyyy / mm / dd)

To be completed by Private Career College Official

Name of college requesting approval: _____

Proposed date to start instructing/assisting: _____

Has proposed instructor/instructor assistant been previously registered by the Department? **YES** **NO**

If yes, when? _____ (yyyy / mm / dd) College: _____

Declaration Part 2 – To be completed by operator or college official

I hereby certify that:

- The instructor/instructor assistant meets the requirements of Regulation 22 or Regulation 26. The candidate must also meet any other qualifications required by the program approval(s).
- I have verified the information contained on this application, as well as supporting documentation.
- I will maintain on file, the complete application, plus supporting documentation.
- I understand that there may be periodic audits of private career colleges' files to ensure that all instructors and instructor assistants meet the requirements of the Act and Regulations.

A person who instructs the occupationally specific content of an occupation, skill, or scope of work subject to regulations made under the *Occupational Health and Safety Act* must be a "competent person" as defined in the *Workplace Health and Safety Regulations*, that is, the person is:

- (i) qualified because of their knowledge, training and experience to do the assigned work in a manner that ensures the health and safety of every person in the workplace, and
 - (ii) knowledgeable about the provisions of the Act and regulations that apply to the assigned work, and about potential or actual danger to health or safety associated with the assigned work
- I confirm that the proposed candidate has been assessed and has been determined to be a competent person in the work for which the assigned course(s) provide(s) occupational-training.

Name (please print)

Signature

Date (yyyy / mm / dd)