

APPLICATION FOR REGISTRATION OF 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 \$40.00 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) _____	

Candidate's Educational Background:

Name and location of vocational and/or Post-secondary schools attended	Dates attended		Did you graduate?	Title of degree(s), diploma(s) or certificate(s) <i>(copies must be submitted)</i>
	From <i>(yyyy / mm)</i>	To <i>(yyyy / mm)</i>		

Candidate's Certifications and Licenses (Class 1 Driver, Red Seal or Journeyman, RN, etc.):

Certification(s)/License(s)	Year Achieved	Current	Permanent
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Candidate's Practical Experience:

Name, city/province, phone # of employers <i>(list most recent first)</i>	Length of service		Position(s) <i>(please detail on résumé)</i>
	From <i>(yyyy / mm)</i>	To <i>(yyyy / mm)</i>	

Candidate's Teaching Experience (Instructors only)

Name, city/province, phone # of previous employers <i>(list most recent first)</i>	Length of service		Program(s)/Subjects) taught <i>(please detail on résumé)</i>
	From <i>(yyyy / mm)</i>	To <i>(yyyy / mm)</i>	

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"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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)