



A Letter of Permission may be issued to a suitable person who is not a certificate holder and whose services the Director of Certification considers are required for a specified period of time. The maximum validity period for a Letter of Permission is one school year. To apply for a Letter of Permission, you must be recommended by a Superintendent of Schools or an Independent School Authority who wishes to employ you for a specific position.

It is important that your prospective employer review the following information before recommending you for a Letter of Permission.

The employer must include with the application all postings as evidence that there has been an extensive search for a qualified individual. Letters of Permission are appropriate only where a qualified certified candidate cannot be found. The position posting should be advertised for a minimum of two weeks. Placing an uncertified person in a teaching position should be considered a temporary placement and not a long-term solution. Employers must make every effort to seek a certified teacher to fill the position.

In cases where a secondary school position involves teaching in more than one subject area, the employer must post the subject assignments separately. This provides greater access to certificate holders. Separate postings for each subject may result in finding a qualified teacher for at least a portion of the position, thus requiring a Letter of Permission for a smaller assignment.

In cases where a certified teacher has applied for the position, the employer must provide to the Teacher Regulation Branch a comprehensive rationale for not assigning the teacher to the position.

Employers should keep in mind that they may only employ teachers who hold a valid Ministry of Education teaching certificate or Letter of Permission. Employers should further note that employment of an uncertified person for more than 20 days would be in contravention of section 19 of the *School Act* or sections 3 and 6 of the Schedule of the *Independent School Act*. These sections stipulate that a board or authority may employ an uncertified person for 20 or fewer days only where a certified teacher cannot be found.

Checklist – Applying for a Letter of Permission

For your convenience, this checklist is provided to assist you and your prospective employer with assembling a complete application. Original transcripts are required. Photocopies are acceptable for all other documents.

You will notice some of the documents need to be verified. A verified copy is a photocopy of a document on which a notary public or a lawyer states in writing that it is “a true copy of the original” and signs the copy. We will also accept photocopies that have been verified by any person who has current, valid certification with the BC Ministry of Education. On the photocopy, s/he must write her/his full name, certificate number and signature.

Applications not accompanied by the non-refundable \$200 application fee will not be processed. Applicants or Employers may make a payment by enclosing a cheque or money order, *payable to the Minister of Finance*, or by credit card by completing the credit card authorization section of the A Form. Alternatively, the Employer can make the payment by direct deposit by completing the Direct Deposit Confirmation on the E Form.

Documents you need to provide

- A Form (4 pages)
- Consent to a Criminal Record Check form
- Original Transcripts for Post-Secondary Studies*
- Trades certificates or other diplomas (if applicable)*
- Verified copy of birth certificate*
- Verified copy of marriage certificate or legal change of name (if applicable)*

Documents you need to obtain from your prospective employer

- E Form (3 pages)
- Internal Ads
- External Ads

Documents to be forwarded separately

- 2 Confidential Character Reference Forms* (to be sent directly from your referees)
- Rationale, if applicable (to be sent directly from your prospective employer)

*may be omitted if submitted with a previous application

May 2014

PERSONAL INFORMATION

All questions in this section **must** be answered. For every affirmative answer (yes), please attach a detailed written explanation, including dates and locations, and supporting documents if applicable.

		Yes	No
1.	Have you ever applied anywhere for authorization and/or certification to teach and had your application rejected?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you ever – for any reason other than failure to pay fees – voluntarily surrendered your authorization and/or certification to teach?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever, in advance of an investigation or disciplinary proceeding, either voluntarily or involuntarily restricted your teaching practice?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been disciplined by an employing school district or independent authority, a university (as a student), or other educational organization?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated as a member of the teaching or other profession?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever agreed to a settlement or a resignation to avoid any proceeding or disciplinary action with respect to your professional conduct, competence or capacity?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has there ever been, or is there now, an investigation or proceeding in regards to your professional conduct, competence or capacity as an educator in another jurisdiction, or as a member of another profession?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever failed or voluntarily withdrawn from a teacher education program or from a practicum?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever been asked by a Faculty of Education to withdraw from a teacher education program or practicum?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have any medical (physical or mental) condition that could affect your fitness to teach?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you ever been charged (including stays of proceeding), convicted of or given an absolute or conditional discharge or received a pardon or record suspension on a criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are there any outstanding criminal charges against you?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has there ever been a peace bond or restraining order issued against you?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are you currently the subject of a criminal investigation?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION OF PROFESSIONAL COMMITMENT

- I certify that all information given on this application is true, correct and complete to the best of my knowledge.
- I authorize any person, government, educational institution, police force, military authority, governing body or other organization enquired of under this authorization to provide the Teacher Regulation Branch all relevant information or documents requested by the Branch.
- I accept the responsibility for advising the Teacher Regulation Branch, in writing, of any change to any information contained in this application.
- I understand that if my suitability to teach is in question, the Director of Certification may conduct an investigation into my application.
- I understand that any information related to my conduct that occurred before my letter of permission was issued may be reviewed by the Director of Certification and my letter of permission may be rescinded based on this information.
- I understand that information related to my letter of permission may be shared with employers and education authorities and provided to the public on the online registry as per section 80 of the *Teachers Act*.
- I have read and I understand the “Standards for the Education, Competence and Professional Conduct of Educators in British Columbia” and/or the “Independent School Teacher Conduct and Competence Standards.” I solemnly declare that I shall uphold these standards in my professional practice.

Applicant Signature

Date

Printed Name

SUBMISSION OF AN APPLICATION THAT IS MISLEADING OR FALSE IN WHOLE OR IN PART MAY LEAD TO DENIAL OF THE LETTER OF PERMISSION OR DISCIPLINARY ACTION BY THE MINISTRY OF EDUCATION.

The information contained on this application form is collected under the authority of the *Teachers Act* and is necessary for certification purposes. The Ministry of Education may disclose some information in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of this information should be directed to our office.

May 2014



PLEASE PRINT IN DARK INK

File Number (if known):

Recommendation is made by the Superintendent of Schools or Independent School Authority for the issuance of a Letter of Permission for teaching for the person named below.

Title (Mr., Ms., etc.) [grid] Date of Birth (YYYYMMDD) [grid] Gender M [] F [] Social Insurance Number [grid]

Given Names (Please Print) Surname (Please Print)

Public School District No.: [grid] Independent School Authority No.: [grid] School District/ Authority Name: _____

School Name: _____

School/Authority Address: _____

Appointment Start Date (YYYYMMDD) [grid] Appointment End Date (YYYYMMDD) [grid]

I hereby assure the Ministry of Education that:

- I have no knowledge of any facts that would make the applicant an inappropriate person to work with children; and
I am satisfied that the applicant is of good character.

I further assure the Ministry of Education that:

- the position described in this application has been extensively advertised both within the school district/school authority and externally;
the school district/school authority has been unable to recruit a certificate holder for the position; and
the school district/school authority will make provisions for supervising and supporting the uncertified person until a certified qualified teacher can be recruited.

Superintendent/School Authority/ Chairperson: (Please print name) _____

Signature: _____ Date: _____

Letter of Permission Contact: (Please print name) _____ Phone: (with area code) _____ Ext: _____

Letters of Permission are issued only until the end of the school year and cannot be extended without reapplication.

Application for Letter of Permission

Describe the advertising (enclose copies) that the district/school authority has undertaken to seek a qualified applicant eligible for or holding a BC certificate and describe the response received:

	Start Date to End Date (YYYYMMDD – YYYYMMDD)	Publications	No. of Responses
Internal Advertising:	/ / - / /		
	/ / - / /		
	/ / - / /		
Public Advertising:	/ / - / /		
	/ / - / /		
	/ / - / /		

Were any of the responses from persons holding valid BC teaching certificates or certified to teach in another jurisdiction? Yes No

If any certified teachers applied for this position, for each teacher please submit your rationale for not assigning them to this position directly to the Teacher Regulation Branch. The rationale must indicate:

- Name;
- Certification Information;
- Qualifications;
- Professional Experience; and
- Detailed reasons for not hiring the certified teacher

Please describe the school and the community in which it is situated. Describe any unique circumstances relevant to this application.

Please provide a brief description of the position and indicate the suitability and qualifications of this applicant:

Description: _____ % FTE

Suitability: _____

Qualifications: _____

DIRECT DEPOSIT CONFIRMATION

EMPLOYERS: Please complete this Direct Deposit Confirmation form only if the payment is not being made by cheque, money order, or credit card authorization.

Bank: Royal Bank of Canada
Institution Number: 003
Transit Number: 00010
Account Number: 103-584-9

Name of Contact Person _____
Contact Telephone Number _____
Contact Email Address _____
Amount Deposited (in Canadian Funds) \$ _____
Name of Applicant for a Letter of Permission _____
Date of Direct Deposit _____

On receipt of direct deposit funds, the funds will be matched to the application for a Letter of Permission (A Form) and processed. Please allow five business days for the reconciliation and processing of fees.

NOTE: The information contained on this application form is collected under the authority of the *Teachers Act* and is necessary for certification purposes. The Ministry of Education may disclose some information in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection of this information should be directed to our office.

FOR OFFICE USE ONLY

December 2013



Ministry of Education



Consent to a Criminal Record Check For working with children and/ or vulnerable adults

Schedule Type: B – APPLICANT TO/CERTIFICATE HOLDER WITH MINISTRY OF EDUCATION

Pursuant to the Criminal Records Review Act, all applicants to and certificate holders with the Ministry of Education must undergo a criminal record check, which includes a vulnerable sector check, every five years.

IMPORTANT: Please complete this form using a dark ink pen, printing clearly and carefully. There may be a delay in processing if the form is submitted incomplete or incorrectly, or if information cannot be read.

PART 1 – APPLICANT/CERTIFICATE HOLDER INFORMATION

File or Certificate Number (if assigned):

Surname: Full First: Full Middle:

Birth Date: Gender: Birth Place:

OTHER NAMES USED OR HAVE USED: (e.g. alias, maiden name, birth name, or previous married name)

Surname: First: Middle: (repeated three times)

Mailing Address:

City: Province: Country: Postal Code:

Contact Phone: BC Driver's Licence Number: DL

Email Address:

PART 2 – ORGANIZATION INFORMATION – For Office Use Only

Employer Name: Teacher Regulation Branch, Ministry of Education ID Number: 15/606188
Mailing Address: 400 – 2025 W Broadway
City: Vancouver Province: BC Country: Canada Postal Code: V6J 1Z6
Office Phone: 604 775-4880 Fax: 604 775-4859

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS

I authorize the Ministry of Education to submit my information to the Criminal Records Review Program on an ongoing basis every 5 years.

I have read and understand the Consent for Release of Information and Acknowledgements on the reverse. I hereby consent to the terms as indicated by my signature below.

Signature: Date Signed:

**CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS
PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT**

- I hereby consent to a check for records of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the *Criminal Records Review Act*.
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a vulnerable sector search* to check if I have been convicted of and been granted a pardon for any sexual offences of the *Criminal Records Act*.
- I understand a criminal record check under the *Criminal Records Review Act* is required at least once every five years.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the court and crown counsel relating to an outstanding charge or conviction of any relevant or specified offence(s) as defined under the *Criminal Records Review Act*.
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant or specified offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual or financial abuse to vulnerable adults as applicable.
- The Deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant or specified offence(s) for which I have received a pardon.
- If I am charged with or convicted of a relevant or specified offence(s) at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check form.

* Go to the RCMP website for additional details on vulnerable sector checks: www.rcmp-grc.gc.ca/cr-cj/vulner/index-eng.htm.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information and is in compliance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1 855 587-0185. Visit the Criminal Records Review Program online at: www.pssg.gov.bc.ca/criminal-records-review.

May 2014



Applicant, please complete this page.

I, _____
Full given names Applicant's legal surname

Birth Surname: _____ Date of Birth: YYYYMMDD [grid]

Previous Surnames: _____

Street Address/P.O. Box

City/Town Province/State Country Postal Code/Zip Code

hereby consent the following referee: (Please print referee's name) _____

to provide the Ministry of Education with this confidential character reference as part of my application for authorization to teach in BC; and I acknowledge that this confidential character reference is not a teaching report.

Date: _____ Signature of Applicant: _____

Notes:

- This two-page character reference form is to be provided by the applicant to a referee who shall complete page 2.
The referee must not be a relative, partner or spouse (or equivalent) of the applicant and must have known the applicant for a minimum of two years.
The referee must send the form directly to the Ministry of Education by mail, fax or scanned email (trb.certification@gov.bc.ca).
This character reference will not be accepted as a teaching report.
Delay in the receipt of this form will result in delay in the processing of the application.

Referee, please complete this page and send it directly to the Ministry of Education by mail, fax or scanned email (trb.certification@gov.bc.ca).

Applicant's Name: _____

1. How long have you known this applicant? A referee must have known the applicant for a minimum of two years.

2. In what capacity have you known this applicant? A referee must not be a relative, partner or spouse (or equivalent) of the applicant.

3. Describe situation(s) in which you have observed the applicant working with children or youth. If you have not observed the applicant working with children or youth, what characteristics and/or qualities have you seen the applicant exhibiting that would be valuable in working with young people?

4. Explain why you consider the applicant to be a fit and proper person to be working with students.

5. Do you have any reason to believe the applicant should not be granted authorization to teach?

To the best of my knowledge the above information is complete and correct.

Name of Referee:
(Please print full name) _____

Signature of Referee: _____ Date: _____

Address: _____

Telephone: (H) _____ (W) _____

Should the applicant, under the *Freedom of Information and Protection of Privacy Act*, request a copy of this reference, do you consent to its release?
Yes _____ No _____

Delay in receipt of this form will result in delay in the processing of the application. This is a character reference only and may not be used as a teaching report or professional evaluation.



Applicant, please complete this page.

I, _____
Full given names Applicant's legal surname

Birth Surname: _____ Date of Birth: YYYYMMDD [grid]

Previous Surnames: _____

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