

## **INSTRUCTOR QUALIFICATION FORM**

Telephone number

Postal Code

## **NOTICE OF COLLECTION**

Any instructor employed by a private career college must complete this form and meet the qualifications prescribed in s.41 of Reg 415/06. The personal information is collected under the authority of s.38 and 50 of the Private Career Colleges Act, 2005 and s.41 and 42 of Reg 415/06.

This form must be kept at the campus where the instructor is employed. The Superintendent of Private Career Colleges or his or her designate may access this form and relevant personal information about an instructor to ensure that a private career college is complying with the Act, regulations and conditions of registration. The form may be used by the Superintendent in the determination of approval of an applicant that does not meet the requirements prescribed in s.41 of Reg 415/06. Questions concerning the direct and indirect collection of personal information about an instructor may be addressed to the Private Institutions Branch, 10th Floor, Mowat Block, 900 Bay Street, Toronto, Ontario M7A 1L2 (416) 314 – 0500.

## **Notes to Applicant**

Applicant's given name(s)

Home address

This application form must be completed in full, including:

- two letters of reference from individuals not related to the applicant or associated with the private career college attesting to the work experience in the
  discipline or occupation in which the applicant is seeking employment; and
- copies of any post-secondary degrees, diplomas or certificates noted in the section on Applicant's Educational Qualifications.

The completed application and supporting documentation must be submitted to the private career college before the applicant commences employment as an instructor. The private career college is required to verify the application and supporting

Family name

## **SECTION 1 - TO BE COMPLETED BY APPLICANT**

The following information is provided in support of my application for approval as an instructor at a private career college.

In what program and which particular subject(s) will you be teac	hing?			
Will any duties be required of you in connection with your proposed No Yes, if YES, give particulars:	sed employmen	t which will be	in addition to tea	aching?
Name of college offering employment	Telephone number			
Address of college	Proposed date of employment			
Applicant's Educational Qualifications				
Name and location of post-secondary education institution(s) attended (university, college, private career college, other)	Dates attended From To		Did you graduate?	Title of degree, diploma or certificate (Copies must be submitted)
State your professional teacher training, if any			1 1	
Applicant's Work Experience in the Subject(s)/N	Module(s) to	be Taught	t	
Name and address of previous employers (List most recent first)	Length of service From To		Position, including brief job description	
Name:				
Address:				
Tel. No.:				
Name:				
Address:				
Tel. No.:				
Name:				
Address:				
Tel. No.:				

SECTION 1 (continued)	ct/c)/Madula	(c) to be Te	ught			
Applicant's Teaching Experience in the Subje		• •				
Institution (List most recent first)	From	of service To	Subjects taught			
Name:						
Address:						
Tel. No.:						
Name:						
Address:						
Tel. No.:						
Name:						
Address:						
Tel. No.:						
DECLARATION (To be completed by applican	(f)					
	(1)					
Check the option that applies:						
1. I meet the requirements of s.41 of Reg. 415/06.						
☐ I have 48 months of work experience in the						
I have 36 months of teaching experience in		nd 24 months	work experience in the vocation			
I have 24 months work experience in the vo	cation					
I hold a Bachelor degree from a Canadian ur	niversity or an	equivalent de	gree			
OR I am a graduate of a College of Applied Arts and Technology or equivalent						
OR	_	, or oquiraio.				
I am a graduate of a registered PCC or equiv	/alent					
I am the holder of a Certificate of Qualification the Apprenticeship and Certification Act or expressions.		ades Qualifica	ations and Apprenticeship Act or			
September 18, 2006 and have met the qualit			amation of the <i>Private Career Colleges Act, 2005</i> on egulation 939 of the Revised Regulations of Ontario,			
1990 (General).	4 - 4 D 44 E //	00 hadladha	Our sinter death, and a second			
2. I do not meet any of the requirements of s.4 instructor at the private career college for the			e Superintendent to approve my employment as an			
If the vocational training being taught is governed b I also meet those qualifications.  ☐ Yes ☐ No ☐ N/A	y a regulatory l	oody that spec	cifies the qualifications required of instructors,			
I certify that I have given complete and true inform	nation on this	form				
X	Dated at thisday of 20					
Signature of Applicant						
SECTION 2 - CONSENT TO VERIFY QUALIFI	CATIONS (To	be comple	eted by applicant)			
I consent to the private career college and the Sup			y references, my educational institutions and my			
employers to verify and approve my qualifications	as an instruc	tor.				
l <b>X</b>	Dotad	ot.	thisday of20			
Signature of Applicant	Dateu	al	trisay or			
SECTION 3 - TO BE COMPLETED BY CAMP REPRESENTATIVE OF THE P						
I hereby certify that						
<ol> <li>I have verified, to the best of my ability, the inforn documentation.</li> </ol>	nation containe	d in this Instru	uctor Qualification Form, as well as all supporting			
2. I will maintain on file the complete Instructor Qua						
campus where the instructor is employed as pres	cribed in s.42(2	2) of Reg. 415	5/06.			
<ol><li>I have approved the applicant as a instructor in a in s.41 of Reg. 415/06.</li></ol>	private career	college as he	/site meets the requirements as prescribed			
Name of Campus Administrator or Agent		Signature of C	Campus Administrator or Agent			
•		X	. •			
Dated at this day of	20					
•						