



York Catholic District School Board
320 Bloomington Rd. W., Aurora, ON L4G 0M1

ADDITIONAL QUALIFICATION COURSE REGISTRATION FORM

The YCDSB AQ Program is committed to the protection of the privacy of those who study with us. Personal information will be kept secure and used only for the purposes of conducting the programs and communicating with the Ontario College of Teachers. Please contact the Co-ordinator if you have concerns or questions. Please return the attached registration form to York Catholic District School Board, 320 Bloomington Rd. W., Aurora, ON L4G 0M1 or fax to (905) 713-1267.

APPLICANT INFORMATION

Name:
Date of Birth: (mm/dd/yy)
Current Address: Phone:
City: Postal Code:
OCT Registration #: Employee # if employed by YCDSB:

CONTACT INFORMATION

Not employed currently: []
Current School:
Current Board:
Work Phone:
Email:
Teaching Assignment:

COURSE SELECTION

Table with columns: Course Code, Title, Part 1, 2, 3
Last Attended/Applied for an AQ Course at YCDSB: Year Month:

DOCUMENTATION ATTACHED - MUST BE RECEIVED PRIOR TO START DATE OF COURSE

Please check what you are attaching:
[] YCDSB Registration form (required for everyone)
[] Certificate of Successful Teaching Experience Form with only Section A completed. Section B will be submitted to Human Resources (required for Part 2 and Specialist)
[] YCDSB employees personal cheque in the amount \$_____ Please make cheque payable to: York Catholic District School Board
[] Non-YCDSB employees certified cheque/money order in the amount \$_____ Please make cheque or money order payable to: York Catholic District School Board

I declare that all of the above data are correct and complete, and that I am aware that sanctions may be applied for a false declaration. The name shown at the top of this form is the complete name by which I am legally and correctly known. I certify that upon completion of registration I will abide by the academic, non-academic, administrative, library and professional obligations of the YCDSB AQ Course Program and will assume the obligation to pay academic and material fees according to the policies and requirements of the Program. I accept full responsibility for all computer accounts made available to me, agree to abide by the YCDSB user policies, including any sanctions that may arise from unauthorized or inappropriate use.

I, _____ a teacher candidate of the _____ program offered by the York Catholic District School Board hereby authorizes the Course Instructor, to share the following personal information: Participant's name and email address to the other participants in the program, for the sole purpose of facilitating on-line group discussion.
Candidate's Signature: _____ Date: _____