



# South Shore

## Regional Centre for Education

### Employment Package Checklist

- ☐ **Employment Information** – Complete the enclosed form and attach a VOID cheque or Direct Deposit form provided by your banking institution.
- ☐ **Tax Forms (TD1 and TD1NS)** – Complete the enclosed forms.
- ☐ **Vulnerable Sector Check and Child Abuse Registry** – Please refer to the enclosed instructions for more information on completing these checks.
- ☐ **Required Documentation** – Please provide a copy of your resume.
- ☐ **General Safety Information** – Please read the General Safety Information for new employees.

Please ensure you have all the information requested before submitting your Employment Package to South Shore Regional Centre for Education. You may mail or submit your completed package to us in person. Our address is: 69 Wentzell Drive, Bridgewater, NS B4V 0A2.

If you require any further information, please contact the Human Resources Department at 902-541-3022 or the main switchboard at 902-543-2468.





## Employee Information

### Personal Information

Last Name		First Name		Middle Name	Preferred Name
Address			City	Province	Postal Code
Phone No. (Home)	Phone No. (Work)	Phone No. (Cell)		Email Address	
Birthdate (DD/MM/YYYY)		Social Insurance Number (SIN)		Personnel Number	
Professional Number	Position			Work Location	
Previous Provincial Teaching Email Addresses (Ex: ednet, nspes, etc)					

### Emergency Contact Information

Last Name		First Name	
Relationship to You		Contact Number	Alternate Contact Number

### Banking Information

YOUR NAME  
123 ANY STREET  
YOUR TOWN, PROVINCE M4P 1V5

DATE 

Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
100 DOLLARS

YOUR FINANCIAL INSTITUTION  
456 MAIN STREET  
YOUR TOWN, PROVINCE L1L 1L1

MEMO \_\_\_\_\_

⑈00 1⑈	⑈12345⑈678⑈	123⑈456⑈7⑈
Transit (Branch) Number	Bank Number	Account Number

Bank Name		Bank Address	
Transit (Branch Number)	Bank Number	Account Number	

Signature	Date (MM/DD/YY)
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Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)		Employee number		
Address			Postal code		For non-residents only – Country of permanent residence		Social insurance number	

<p><b>1. Basic personal amount</b> – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2020, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>	<b>12,298</b>
<p><b>2. Canada caregiver amount for infirm children under age 18</b> – Either parent (but not both), may claim \$2,273 for each infirm child born in 2003 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>	
<p><b>3. Age amount</b> – If you will be 65 or older on December 31, 2020, and your net income for the year from all sources will be \$38,508 or less, enter \$7,637. If your net income for the year will be between \$38,508 and \$89,422 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2020 Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p><b>4. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>	
<p><b>5. Tuition (full time and part time)</b> – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>	
<p><b>6. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,576.</p>	
<p><b>7. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$12,298 (\$14,571 if they are <b>infirm</b>), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be \$12,298 or more (\$14,571 or more if they are <b>infirm</b>), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less <b>and</b> they are <b>infirm</b>, go to line 9.</p>	
<p><b>8. Amount for an eligible dependant</b> – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$12,298 (\$14,571 if they are <b>infirm</b> and you <b>cannot claim the Canada caregiver amount for children under age 18 for this dependant</b>), enter the difference between this amount and their estimated net income. If their net income for the year will be \$12,298 or more (\$14,571 or more if they are <b>infirm</b>), you cannot claim this amount. In all cases, if their net income for the year will be \$24,361 or less <b>and</b> they are <b>infirm and is age 18 or older</b>, go to line 9.</p>	
<p><b>9. Canada caregiver amount for eligible dependant or spouse or common-law partner</b> – If, at any time in the year, you support an <b>infirm</b> eligible dependant (aged 18 or older) <b>or</b> an <b>infirm</b> spouse or common-law partner whose net income for the year will be \$24,361 or less, get Form TD1-WS and fill in the appropriate section.</p>	
<p><b>10. Canada caregiver amount for dependant(s) age 18 or older</b> – If, at any time in the year, you support an <b>infirm</b> dependant age 18 or older (<b>other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9, or could have claimed an amount for if their net income were under \$14,571</b>) whose net income for the year will be \$17,085 or less, enter \$7,276. If their net income for the year will be between \$17,085 and \$24,361 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>	
<p><b>11. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p><b>12. Amounts transferred from a dependant</b> – If your dependant will not use all of their <b>disability amount</b> on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their <b>tuition amount</b> on their income tax and benefit return, enter the unused amount.</p>	
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px;"></div>

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2020, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 and do not fill in lines 2 to 12.

**Total income less than total claim amount**

☐ Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**Non-residents (Only fill in if you are a non-resident of Canada.)**

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2020?

- ☐ Yes (Fill out the previous page.)
- ☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$12,298, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$12,298), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

**Note:** If you are a Saskatchewan resident supporting children under 18 at any time during 2020, you may be able to claim the child amount on Form TD1SK, 2020 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2020, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](https://canada.ca/taxes-northern-residents).

**Additional tax to be deducted**

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax return and benefit if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

**It is a serious offence to make a false return.**

Date \_\_\_\_\_

YYYY/MM/DD

**Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.**

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every person employed in Nova Scotia and every pensioner residing in Nova Scotia can claim the basic personal amount. If your taxable income from all sources for the year will be \$25,000 or less enter \$11,481, comprising the basic amount of \$8,481 and the additional amount of \$3,000, and if it is more than \$75,000 enter \$8,481. If your taxable income will be between \$25,000 and \$75,000 and you want to calculate a partial claim for the \$3,000 additional amount, get Form TD1NS-WS, Worksheet for the 2020 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section. If you will have more than one employer or payer at the same time in 2020, see "More than one employer or payer at the same time" on page 2.

**2. Age amount** – If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$30,828 or less, enter \$4,141. If your net income for the year will be between \$30,828 and \$58,435 and you want to calculate a partial claim, get Form TD1NS-WS, Worksheet for the 2019 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section.

**2.1 Age amount supplement** – If you will be 65 or older on December 31, 2020, and your taxable income from all sources will be \$25,000 or less, enter \$1,465. If your taxable income for the year will be between \$25,000 and \$75,000 you can calculate a supplement claim. To calculate the claim get Form TD1NS-WS, and fill in the appropriate section.

**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,173, or your estimated annual pension income, whichever is less.

**4. Tuition and education amounts (full time and part time)** – If you are a student enrolled at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$200 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$60 for each month that you will be enrolled part time.

**5. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$7,341.

**6. Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you, and their net income for the year will be \$848 or less, enter \$8,481. If their net income for the year will be between \$848 and \$9,329 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

**6.1. Spouse or common-law partner supplement** – If you are supporting your spouse or common-law partner who lives with you, and your taxable income from all sources will be \$25,000 or less, enter \$3,000 less their net income. If your taxable income from all sources will be between \$25,000 and \$75,000 and your spouse or common-law partner's net income will be under \$3,000, you can calculate a supplement claim. To calculate the claim, get Form TD1NS-WS, and fill in the appropriate section.

**7. Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$848 or less, enter \$8,481. If their net income for the year will be between \$848 and \$9,329 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

**7.1. Amount for an eligible dependant supplement** – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you, and your taxable income from all sources will be \$25,000 or less, enter \$3,000 less their net income. If your taxable income from all sources will be between \$25,000 and \$75,000 and your eligible dependant's net income will be under \$3,000, you can calculate a supplement claim. To calculate the claim, get Form TD1NS-WS, and fill in the appropriate section.

**8. Caregiver amount** – If you are taking care of a dependant who lives with you, whose net income for the year will be \$13,677 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,898.

If the dependant's net income for the year will be between \$13,677 and \$18,575 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

**9. Amount for infirm dependants age 18 or older** – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$5,683 or less, enter \$2,798. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$5,683 and \$8,481 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

**10. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.

**11. Amounts transferred from a dependant** – If your dependant will not use all of their **disability amount** on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their **tuition and education amounts** on their income tax and benefit return, enter the unused amount.

**12. TOTAL CLAIM AMOUNT** – Add lines 1 to 11.

Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

**Filling out Form TD1NS**

Fill out this form **only** if you are an employee working in Nova Scotia or a pensioner residing in Nova Scotia and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1NS, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**
☐

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1NS for 2020, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1NS, **check** this box, enter "0" on line 12 and do not fill in lines 2 to 11.

**Total income less than total claim amount**
☐

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Then your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at [canada.ca/cra-info-source](https://canada.ca/cra-info-source).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

**It is a serious offence to make a false return.**

Date \_\_\_\_\_



Fill out this worksheet if you want to calculate partial claims for the following amounts on Form TD1NS, 2020 Nova Scotia Personal Tax Credits Return.

Do not give your filled out worksheet to your employer or payer. Keep it for your records.

**Line 1 of Form TD1NS – Basic personal amount**

If your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your partial claim as follows:

Maximum amount	75,000.00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 6%	4
Multiply line 3 by line 4.	=	5
Base amount	+ 8,481.00	6
Line 5 plus line 6		7
Enter this amount on line 1 of Form TD1NS.	=	

**Line 2 of Form TD1NS – Age amount**

If you will be 65 or older on December 31, 2020, and your estimated net income from all sources will be between \$30,828 and \$58,435, calculate your partial claim as follows:

Maximum amount	4,141.00	1
Your estimated net income for the year	–	2
Base amount	– 30,828.00	3
Line 2 minus line 3 (if negative, enter "0")	=	4
Applicable rate	× 15%	5
Multiply line 4 by line 5.	=	6
Line 1 minus line 6.		7
Enter this amount on line 2 of Form TD1NS.	=	

**Line 2.1 of Form TD1NS – Age amount supplement**

If you will be 65 or older on December 31, 2020, and your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as follows:

Base amount	75,000.00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 2.93%	4
Multiply line 3 by line 4 (maximum \$1,465, if negative, enter "0")		5
Enter this amount on line 2.1 of Form TD1NS.	=	

**Line 6 of Form TD1NS – Spouse or common-law partner amount**

If your spouse or common-law partner's estimated net income for the year (including the income earned before and during the marriage or common-law relationship) will be between \$848 and \$9,329, calculate your partial claim as follows:

Base amount	9,329.00	1
Your spouse or common-law partner's estimated net income for the year	–	2
Line 1 minus line 2 (maximum \$8,481, if negative, enter "0")		3
Enter this amount on line 6 of Form TD1NS.	=	

**Line 6.1 of Form TD1NS – Spouse or common-law partner amount supplement**

If you are supporting your spouse or common-law partner who lives with you and your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as follows:

Base amount	75,000.00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 6%	4
Multiply line 3 by line 4.	=	5
Your spouse or common-law partner's estimated net income for the year	–	6
Line 5 minus line 6 (maximum \$3,000, if negative, enter "0")		
Enter this amount on line 6.1 of Form TD1NS.	=	7

**Line 7 of Form TD1NS – Amount for an eligible dependant**

If your dependant's estimated net income for the year will be between \$848 and \$9,329, calculate your partial claim as follows:

Base amount	9,329.00	1
Your eligible dependant's estimated net income for the year	–	2
Line 1 minus line 2 (maximum \$8,481, if negative, enter "0")		
Enter this amount on line 7 of Form TD1NS.	=	3

**Line 7.1 of Form TD1NS – Amount for eligible dependant supplement**

If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and your estimated taxable income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as follows:

Base amount	75,000.00	1
Your estimated taxable income for the year	–	2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	× 6%	4
Multiply line 3 by line 4.	=	5
Your eligible dependant's estimated net income for the year	–	6
Line 5 minus line 6 (maximum \$3,000, if negative, enter "0")		
Enter this amount on line 7.1 of Form TD1NS.	=	7

**Line 8 of Form TD1NS – Caregiver amount**

If your dependant's estimated net income for the year will be between \$13,677 and \$18,575, calculate your partial claim as follows:

Base amount	18,575.00	1
Your dependant's estimated net income for the year	–	2
Line 1 minus line 2 (maximum \$4,898, if negative, enter "0")	=	3
Enter the amount you claimed for this dependant on line 7 of Form TD1NS.	–	4
Line 3 minus line 4 (if negative, enter "0")		
Enter this amount on line 8 of Form TD1NS.	=	5

**Line 9 of Form TD1NS – Amount for infirm dependants age 18 or older**

You cannot claim this amount for a dependant for whom you claimed the caregiver amount on line 8 of Form TD1NS.

If your dependant's estimated net income for the year will be between \$5,683 and \$8,481, calculate your partial claim as follows:

Base amount	8,481.00	1
Your infirm dependant's estimated net income for the year	–	2
Line 1 minus line 2 (maximum \$2,798, if negative, enter "0")	=	3
Enter the amount you claimed on line 7 of Form TD1NS for this dependant.	–	4
Line 3 minus line 4 (if negative, enter "0")		
Enter this amount on line 9 of Form TD1NS.	=	5



# South Shore Regional Centre for Education

## Criminal Records Check (CRC) Information

Prior to beginning employment with the South Shore Regional Centre for Education, you must provide a satisfactory Criminal Records Check, which **includes a Vulnerable Sector Search**.

Please note that the process for obtaining a Criminal Records Check, including a Vulnerable Sector Search varies by where you live.

The Criminal Records Check, including a Vulnerable Sector Search must be requested from your local Police Agency based in the community where you live. The following are general guidelines for obtaining a Criminal Records Check including a Vulnerable Sector Search:

- There may be a fee for obtaining a Criminal Records Check including a Vulnerable Sector Search. The method of payment and amount of the fee depends on where you live:
  - In some municipalities/towns/cities, you must visit the municipality/town/city office, prior to requesting the check, to pay. Your receipt, as proof of payment, must be taken with you when you make the request.
  - In other municipalities/towns/cities, you may make payment directly when requesting the check.
- To request the check you must go to your local Police Agency (either the local RCMP detachment or town police force).
- Please print off the form titled **Vulnerable Sector Check Request** form which was provided to you in person or online. Present this form to the Police Agency, along with your Birth Certificate and Driver's License (showing your current home address).
- The Police will complete your check. Depending on the Police Agency, you may be able to pick up the completed check or they may request you provide a self-addressed stamped envelope to mail the completed check to you.

The completed original Criminal Records Check including a Vulnerable Sector Search must be returned to the Human Resources Department, as soon as possible, by mail or in person to:

South Shore Regional Centre for Education  
Human Resources Department  
69 Wentzell Drive  
Bridgewater, NS B4V 0A2

If you would like to keep your original check, please deliver it in person. We will make a copy and return the original to you. **We are required to see the original check or a copy certified "as a true copy of an original document on record in this office."**





RCMP Lunenburg County District  
P. O. Box 4000  
Bridgewater, NS  
B4V 3V3

Your File

Our File

Employer/Organization

November 21, 2018

To Whom It May Concern:

**Vulnerable Sector Checks**

Your organization is receiving this correspondence due to a change in the Vulnerable Sector Check process.

Applicants who require a Vulnerable Sector Check must present themselves in person and provide a written request from the organization/employer in order for the checks to be conducted.

Applicants must hold a position of trust in order to qualify for a Vulnerable Sector Check.

**Position of Trust** means a paid or voluntary position dealing with vulnerable people. Vulnerable people may include children, youth, the elderly, people with physical, developmental, emotional, social, or other disabilities, people who are addicted or dependent on addictive substances, and people who have been the victim of a crime or an accident.

Being in a position of trust or authority is more than just having contact with children or vulnerable persons. **To meet the legal requirements for a vulnerable sector check, the nature of the position - not the person - must cause the person to have authority over, or trust of, children or vulnerable persons.**

**The written request from the organization/employer must include description of the position and details regarding the children or vulnerable persons.**

The police service will use information submitted by the applicant to determine if the position meets the legal requirements to conduct a vulnerable sector check. **If the position does not meet the requirements of the Criminal Records Act for a vulnerable sector check, it is illegal for the police service to conduct one.**

**Non-sensitive**

Following are instructions for residents of Lunenburg County.

There is no fee for residents of the Municipality of the District of Chester, Town of Lunenburg, and Town of Mahone Bay.

WORK - Fee Charged by Municipality of the District of Lunenburg \$25.00

You must attend the Municipality of the District of Lunenburg Office located at 210 Aberdeen Road, Bridgewater, pay a fee, and obtain your receipt.

Please take the following items to your local RCMP detachment:

- Receipt of payment
- 2 pieces of Government issued identification, one must contain your photo, original and unaltered, and proof of your current address.
- Self addressed stamped envelope.
- Forms are available at the detachment.
- **VULNERABLE SECTOR CHECKS ONLY - a letter from your employer stating that you require a Vulnerable Sector Check and the rationale as to why.**

Once completed, your Criminal Record Check will be mailed back to you in the envelope you provide.

**VOLUNTEER**

Please take the following items to your local RCMP detachment:

- A letter from the organization you will be volunteering with, on letterhead, stating you are a volunteer. **For VULNERABLE SECTOR CHECKS, this letter must specify you require a Vulnerable Sector Check and the rationale as to why.**
- 2 pieces of Government issued identification, one must contain your photo, original and unaltered, and proof of your current address.
- Self addressed stamped envelope.
- Forms are available at the detachment.

Should you require additional information, please contact your local police agency.



M. A. MacPHERSON, Sgt.

Ops NCO Lunenburg County District

/slk



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**Vulnerable Sector Check Request**

To Whom It May Concern,

Please provide a Vulnerable Sector Check for the following person for the purpose of employment and/or volunteer positions within our organization. This person will be in direct contact with students.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Date of Birth:** \_\_\_\_\_

**Position – *please check the box that applies:***      ☐ Regular Employment      ☐ Volunteer      ☐ Coach

**Position Title:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Position description, including details regarding the children or vulnerable persons that the applicant will be in contact with:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....  
*The following document must be signed by the school principal, vice principal, supervisor or hiring officer.  
All compensated positions will be e-signed. All uncompensated positions will require an original signature.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**School/Department**







# South Shore Regional Centre for Education

## Child Abuse Registry Check Information

Child Abuse Registry checks must be requested only by an individual for his or her own name.

The search results will be provided to the individual in the form of a letter which can then be shared with any organization.

### Instructions:

- To request a search of the Child Abuse Register, please fill out the enclosed form. It can also be downloaded from here  
- <http://novascotia.ca/coms/families/abuse/ChildAbuseRegister.html>
- The form must be signed in ink and mailed to the address on the form.
- Please ensure that a photocopy of your Canadian identification (Canadian health card, birth certificate or driver's license) is attached to the request.
- A confirmation letter will be sent to the mailing address provided on the form. The original confirmation letter must be dropped off or mailed to:

South Shore Regional Centre for Education  
69 Wentzell Dr.  
Bridgewater, NS B4V 0A2

If you have any questions, please feel free to contact our office at 902-543-2468.

If you would like to keep your original confirmation letter, please bring it to our office and we will make a copy and return the original to you. **We are required to see the original confirmation letter or a copy certified "as a true copy of an original document on record in this office."**



## 1 Will you have contact with children under age 19?

☐ Yes, complete this form ☐ No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only** if you have contact with children under the age of 19. Search results are for Nova Scotia only.

## 2 Give your personal information (please print)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle names: \_\_\_\_\_ Last name at birth: \_\_\_\_\_

All other names during your lifetime: \_\_\_\_\_

Commonly used names, nicknames, aliases: \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Transgender

Health card number: \_\_\_\_\_ Drivers license master number: \_\_\_\_\_

Current **mailing** address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home (xxx-xxx-xxxx): \_\_\_\_\_ Cell (xxx-xxx-xxxx): \_\_\_\_\_

Are you a current or former resident of Nova Scotia? ☐ Yes ☐ No

## 3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: ☐ Driver's license, ☐ Health card or ☐ Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

## 4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register.

I **certify** that the information given on this form is correct.

Signature: \_\_\_\_\_ Date(dd/mm/yyyy): \_\_\_\_\_

## 5 Send the form to us

**Private and Confidential**  
Child Abuse Register  
Department of Community Services  
P.O. Box 696  
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

**Questions? Call 902-424-6798**


### For staff use only

☐ As of this date, \_\_\_\_\_ the name of the above **HAS NOT** been entered in the Child Abuse Register.

☐ Consent withdrawn by applicant

Authorized signature: \_\_\_\_\_

Certified by the Department  
of Community Services  
Child Abuse Register  
(stamp)







**South Shore**

Regional Centre for Education

GENERAL SAFETY INFORMATION  
FOR NEW EMPLOYEES

## **WELCOME**

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The South Shore Regional Centre for Education is pleased to welcome you as a new employee.

## **POLICY**

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It is policy to provide and maintain a safe and healthy work environment for all employees and to establish programs to prevent injury and occupational disease.

## **ACCOUNTABILITY**

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The South Shore Regional Centre for Education, management and all employees will be accountable as defined in the Occupational Health and Safety Act.

All employees are responsible for and will be held accountable for working safely.

All persons employed or contracted by the Board shall comply with the safe work practices and procedures established by the Board.









## **GUIDELINES FOR EMPLOYEE SAFE WORK PRACTICES**

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1. When in doubt, ask.
2. Report all accidents and incidents to your supervisor and fill out the appropriate report.
3. Employees who have not yet received WHMIS training should arrange for training through the Occupational Health and Safety Officer.
4. Employees must follow the rules and regulations set out under the Occupational Health and Safety Act and other appropriate legislation and regulations.
5. Never stand on chairs, only use appropriate steps or 8 ft. step-ladders which should be available at each work area. Do not use a ladder greater than 8 feet.
6. Report any defects in equipment or any other unsafe conditions to your supervisor.
7. Know the location of MSDSs at your work location.
8. Refer to the appropriate MSDS before using any chemicals.
9. Do not use any chemical product that does not have a clear WHMIS supplier label or workplace label.
10. Do not use unfamiliar equipment. Ask for instruction and training.
11. Extension cords are for temporary use only.
12. Never remove protective guards on equipment.
13. Always use appropriate personal protective equipment (PPE) for the task involved.
14. Know the designated First Aider in your work area.
15. Know the locations of first aid kits in your work area.
16. Be familiar with the fire plan of the school, including the location of fire exits, fire extinguishers, and routes.
17. Know the Joint Occupational Health and Safety Committee/Representative member for your school.
18. Televisions on AV carts must be secured by safety belts. AV carts shall only be moved by adults.
19. If you encounter an unknown person in a school, you have the responsibility to ask what his/her purpose is for being there. Report unknown or suspicious persons to the office immediately.
20. Smoking, drugs or alcohol are not permitted on Board property.
21. Horseplay is not allowed.
22. Wear the appropriate footwear for the work activity.
23. Keep desk and file cabinet drawers completely closed when not being used.
24. Clean up spills immediately.
25. Keep walkways clear.

## **WHMIS HAZARD SYMBOLS**

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	Class A - Compressed Gas	Contents under high pressure. Cylinder may explode or burst when heated, dropped or damaged.		Class D, Division 2 Poisonous and Infectious Material: Other toxic effects	Poisonous substance. May cause irritation. Repeated exposure may cause cancer, birth defects, or other permanent damage.
	Class B - Flammable and Combustible Material	May catch fire when exposed to heat, spark or flame. May burst into flames.		Class D, Division 3 Poisonous and Infectious Material: Biohazardous infectious materials	May cause disease or serious illness. Drastic exposures may result in death.
	Class C - Oxidizing Material	May cause fire or explosion when in contact with wood, fuels or other combustible material.		Class E - Corrosive Material	Can cause burns to eyes, skin or respiratory system.
	Class D, Division 1 Poisonous and Infectious Material: Immediate and serious toxic effects	Poisonous substance. A single exposure may be fatal or cause serious or permanent damage to health.		Class F - Dangerously Reactive Material	May react violently causing explosion, fire or release of toxic gases, when exposed to light, heat, vibration or extreme temperatures.

## SAFE LIFTING

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Before you lift anything, think about the load you'll be lifting.

Ask yourself: "Can I lift it alone?" "Do I need mechanical help?" "Is it too awkward for one person to handle, or should I ask a coworker for help?" If the load is- manageable:

**Tuck Your Pelvis** - By tightening your stomach muscles you can tuck your pelvis that will help your back stay in balance while you lift.

**Bend Your Knees** - Bend at your knees instead of at your waist. This helps you keep your center of balance and lets the strong muscles in your legs do the lifting.

**"Hug The Load"** - Try to hold the object you're lifting as close to your body as possible, as you gradually straighten your legs to a standing position.

**Avoid Twisting** - Twisting can overload your spine and lead to serious injury. Make sure your feet, knees, and torso are pointed in the same direction when lifting.

### Tips To Remember

In addition to these techniques, remember to make sure that your footing is firm when lifting and that your path is clear. And be sure to use the same safe techniques when you set your load down. It takes no more time to do a safe lift than it does to do an unsafe lift, so why not play it safe and lift it right.

## BLOODBORNE PATHOGENS

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Do these things:

- Use appropriate Personal Protective Equipment (PPE) when working with blood or infectious materials
- Check it first for damage
- Remove PPE carefully to avoid self contamination
- Dispose of contaminated PPE correctly in leak-proof containers for disposal
- Make sure you have been trained in the use of PPE and it is documented
- Wash exposed skin immediately with soap and water
- Flush thoroughly after removing PPE
- Cover open cuts
- Use good work practices
- Know the proper response for accidental exposures
- Dispose of sharps in a puncture-proof, labeled container.

If you have any questions about safe work practices, contact the Principal. For health and safety concerns, contact Gail Sinclair, Health & Safety Manager at 902-521-0241