

Full Name:		Date of Birth:	
Position (Job Title):		Personnel Number:	

Personal Information and Privacy (read and check box):

- I understand that the personal information I provide for the Offence Declaration is for the purpose of student protection as outlined in the Student Protection Policy.

Collection of this information is authorized under the Education Act, the Freedom of Information and Protection of Privacy Act, and related legislation.

The information will be used to implement Student Protection Policy and will only be disclosed in accordance with the policy and related procedures.

Questions about how the personal information is collected, used, maintained or disclosed can be directed to the RCE/CSAP Information Access and Privacy Manager.

Consequences of Non-compliance (read and check box):

- I understand that employees who submit an inaccurate or misleading Offence Declaration may be subject to discipline up to and including termination of employment.

Employees who do not provide an Offence Declaration by the date prescribed by the RCE/CSAP may be subject to suspension without pay until the form is completed and received in a manner satisfactory to the RCE/CSAP.

Employees who demonstrate an ongoing failure to provide their Offence Declaration may be subject to further discipline up to and including termination of employment.

Occasional or casual employees who do not provide their Offence Declaration by the date prescribed may be removed from the list of occasional or casual employees.

I DECLARE that (check one box):

- No Conviction

I have no convictions under the Criminal Code of Canada or the Controlled Substance Act, up to and including the date of this declaration, for which a record suspension has not been granted.

- Conviction

I have been convicted of the following offences under the Criminal Code of Canada or the Controlled Substances Act for which a record suspension has not been granted.

List of Offences (Use additional comments section if necessary):

Offence	Conviction Date	Court Location
1.		
2.		
3.		

Employee Signature: _____ Date: _____



South Shore
Regional Centre for Education

Employee Annual Declaration Form

Additional Comments Section: