



# ADULT LEARNER DECLARATION/DISCLOSURE FORM

## DECLARATION

I, \_\_\_\_\_ (please print), agree to abide by all policies and procedures as established by Frontier School Division for the Adult Education Program(s).

I confirm that I will:

- apply for and submit my completed Criminal Record Check (CRC) and Child Abuse Registry Check (CARC) to the Area Office once I am in receipt of them,
- submit my receipts requesting a CRC and CARC to the Area Office, should there be a waiting period to receive these documents.

I understand and/or agree that:

- if the Criminal Record Check is returned indicating a criminal record, I may be required to complete my coursework from home dependent upon the circumstances related to the charges. Should this be required, a schedule will be created with the Adult Education teacher for the purpose of checking/marking and assigning coursework,
- should I appear on the Child Abuse Registry, I may be subject to immediate removal from the Adult Learning Centre.

## DISCLOSURE

Have you ever been charged or found guilty or plead guilty to an offence involving the abuse of a child (physical or sexual) in a court either inside or outside of Manitoba?  YES  NO

Has a family court deemed a child in your care to be "in need of protection"?  YES  NO

Has a child and family service agency's Child Abuse Committee determined you to be a person who has abused a child?  YES  NO

Have you ever been convicted of an offence (including but not limited to *criminal, narcotics, traffic or summary convictions*)?  YES  NO

If yes, please provide details of the charge:

Are there currently any outstanding criminal charges against you?  YES  NO

If yes, please provide details of the charge(s):

Are you currently under investigation by a Child and Family Services agency?  YES  NO

If yes, please provide the details

I declare the foregoing information to be true and complete to the best of my knowledge and understand that any misrepresentation or omission shall be deemed cause for my dismissal.

Adult Learner Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Education Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY & RECORD DISCLOSURE

**Legal Authority for the Collection of Information:** All information will be collected and retained in accordance with *The Freedom of Information and Protection of Privacy Act (FIPPA)*.

**Access to Information:** Adult Education Teachers, Director of Adult Learning, Principals, Chief Superintendent, Directors, Board of Trustees and agents of the Board (such as lawyers), may review this information on a need-to-know basis only.

**Information Security:** Confidential information is secured in the School Principal file.