



HOLY FAMILY ROMAN CATHOLIC
SEPARATE SCHOOL DIVISION NO. 140

4035 APPENDIX 1

CONFIDENTIAL DISCLOSURE FORM

1. NAME: _____

2. Have you ever been convicted of an offence or do you currently have any charges pending under *The Criminal Code of Canada*, *The Narcotics Control Act*, *The Controlled Drug and Substances Act*, and *The Food and Drugs Act*?

Yes

No

2.1. If yes, please indicate the nature of the offence(s), date(s), and place(s) of the sentence(s) imposed (if applicable).

3. Have you ever held a certificate or qualification to teach that has at any time been suspended or cancelled?

Yes

No

Not Applicable

3.1. If yes, please indicate the nature of the circumstances causing the suspension or cancellation of your certificate.

4. I will provide the results of a criminal records search by the local city police or RCMP.

4.1. Signature _____

4.2. Date _____