



Evergreen School Division

Box 1200 · Gimli, Manitoba · R0C 1B0 · Telephone (204) 642-6260 · Fax (204) 642-7273

www.esd.ca

DIVISIONAL HIRING PACKAGE CHECKLIST (Sub Teachers)

Name of Applicant: _____

Position and Location hired to: _____

- Employment Practice: Disclosure of Information Form** (*enclosed*) – *please read carefully before signing*
- Pledge of Confidentiality** (*enclosed*) – *please read carefully before signing*
- Application for a Child Abuse Registry Check (CARC) by Employers** (*enclosed*) – please do NOT mail in yourself, this form requires divisional signatures
 - if submitting a previously cleared check, it must be recent within the last six months
 - Identity verification** (* must be done in person at the Evergreen School Division or with the secretaries at one of our schools)
 - \$20.00 Cheque OR Money order** (payable to:” the Minister of Finance”) to process Child Abuse Registry Check
- Criminal Record Check and Vulnerable Sector Check completed by your local R.C.M.P. detachment** (at your cost) – must be recent within the last six months
- TD1 Personal Tax Credit form MB and Federal** (*enclosed*) – Employee number is not required
- Direct Deposit Information Sheet** – ***VOID cheque (or bank info statement from your bank) is required***
- Teacher Certificate** – please provide a copy of your valid MB teacher certificate
- Safety & Health Orientation form** –*Please access the Safety & Health New Worker Orientation PowerPoint via www.esd.ca , under Employment & Human Resources. Please familiarize yourself with the components of Administrative Procedure 8.160 ‘Workplace Safety and Health’ via www.esd.ca, under Employment & Human Resources.*
- CPT30** – If CPP exempt provide CPT30 form. If you’re CPP exempt, please provide your CPT30 form.
- Work permit** – If you are in possession of a work permit allowing you to work in Canada, you must provide a copy with your application package.
This package must be received no later than one week after hiring.

For internal use only

Location: _____

Completed by: _____
(signature)

Date: _____



Substitute Teacher Application Form

For School Year: 2023-2024

Name: _____

SIN: _____

Physical Address: _____

Mailing Address: _____

Phone No. _____

Email Address: _____

Classification: _____

Years of Experience: _____

Emergency Contact: _____

Phone No. _____

Signature: _____

Date: _____

Availability: Please check off the Area, Day of the Week and Grades you are qualified and willing to teach:

AREA		DAY		AM	PM	GRADES	
Arborg	<input type="checkbox"/>	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K-4	<input type="checkbox"/>
Gimli	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-8	<input type="checkbox"/>
Riverton	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9-12	<input type="checkbox"/>
Wpg Beach	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Are you available for AM calls (no earlier than 7am)? Yes No

Subjects: Please indicate the subjects you are QUALIFIED and willing to teach.

Accounting	_____	Home Ec.	_____	Physics	_____
Biology	_____	Industrial Arts	_____	Power Tech	_____
Chemistry	_____	Language Arts	_____	Psychology	_____
Computers	_____	Math	_____	Science	_____
French	_____	Metals	_____	Social Studies	_____
Geography	_____	Music	_____	Wood Working	_____
History	_____	Phys. Ed.	_____		

Teaching Experience:

School	Dates	Grade / Subject Taught

References: (Required only if you are a NEW substitute to our Division)

Name	Address	Title / Position

Are you collecting CPP? Yes No

Are you collecting Teacher Pension? Yes No

For Office Use Only:

Child Abuse Registry Check Date of Completion:
Criminal Record Check Date of Completion:



Employee Disclosure of Information Administrative Procedure 2.A.871

2.0 Human Resources
2.A Foundations

Board Governance Policy Cross Reference: 2

Legal Reference: Public Schools Act

Date Adopted: October 2019

Date Amended: July 2024

As an employee of Evergreen School Division, I agree to abide by the policies and procedures established by Evergreen School Division.

I agree that:

- I will apply for and submit my completed Criminal Record & Vulnerable Sector Check (CRVC) and Child Abuse Registry Check (CARC) to the Human Resources Department once I am in receipt of them
- If there is a waiting period to receive these documents, I will submit receipts requesting a CRC and CARC to the Human Resources Department
- I can submit a previous CRVC and CARC if they are recent within the last six months

The Public Schools Act, Duties of the School Boards 41(1) states that *“Every school board where it has knowledge thereof, must report to the minister any teacher employed in a school within the jurisdiction of the school board who has been charged with or convicted of an offence under the Criminal Code (Canada) relating to the physical or sexual abuse of children.”*

With this knowledge, I understand that:

- If the Criminal Record Check indicates a criminal record, I may be subject to immediate dismissal from my employment with Evergreen School Division for cause (the requirements of the position and the circumstances related to the charge will be considered)
- Should I appear on the Child Abuse Registry, I am subject to immediate dismissal from my employment with Evergreen School Division

Disclosure

- 1. Have you ever been found guilty or pleaded guilty to an offense involving the abuse of a child in a court either inside or outside of Manitoba? NO YES
- 2. Has a family court deemed a child in your care to be “in need of protection” due to abuse? NO YES
- 3. Has a Child and Family Services agency/ Child Abuse Committee determined you to be a person who has abused a child? NO YES
- 4. Have you ever been convicted of an offence (including but not limited to criminal, narcotics, traffic, or summary convictions)? NO YES
- 5. Are there currently any outstanding criminal charges against you? NO YES
- 6. Are you currently under investigation or were you ever under investigation by a Child and Family Services agency? NO YES
- 7. If you answered yes to any of the questions above, provide details here:

The Superintendent/CEO reserves the right, based on the nature of the information provided, to terminate/recommend termination of your employment if a criminal record or outstanding criminal charge(s) exists, that you appear on a child abuse registry, or an ongoing Child and Family Services agency investigation exists.

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

I acknowledge I am required to immediately notify the Division of all changes to criminal charges being laid against me and/or CFS investigations, or the like, being initiated against me.

Employee Name (print): _____

Employee Signature: _____

Date: _____



Employee Pledge of Confidentiality Administrative Procedure 2.A.87H

2.0 Human Resources
2.A Foundations

Board Governance Policy Cross Reference: 2

Legal Reference: *Public Schools Act*

Date Adopted: February 2019

Date Amended: October 2022, July 2024

As an employee of Evergreen School Division, I acknowledge and understand that I may have access to confidential information (defined below) about students, staff, and/or their families. I understand that this information is protected and governed by the [Freedom of Information and Protection of Privacy Act \(FIPPA\)](#) and the [Personal Health Information Act \(PHIA\)](#).

In signing this agreement, I acknowledge that I am bound by the policies and procedures established by FIPPA and PHIA, and I am aware that a consequence of breaching them is prosecution under the Act.

Evergreen School Division has established written policies and procedures containing provisions for the security of personal health information as part of its Student Records Management Procedure. I acknowledge that I have been made aware of these policies and procedures.

I commit to maintaining the highest levels of confidentiality. I will not divulge any information regarding staff or students that I become aware of either through my work or through my presence at schools or other divisional buildings.

Name (print):

Date:

Position:

Signature:

Definitions:

Confidentiality: Keeping another person or entity's information private. By law, personal information must be held private and cannot be divulged except under certain specific circumstances, or with the express consent of the client, and then, only with authorized individuals as required. As with most confidentiality agreements, written or implied, this confidentiality agreement remains in effect indefinitely.

Privacy: Refers to the right of every individual to keep one's life and personal affairs from the public. It is a state of being free from public interruptions and observations. To respect others' privacy, professionals collect, record, and share only that information which is necessary for the purposes for which it was collected. Private information which is shared will be limited to that which is reasonably necessary for decision making. Consideration will be given to the respect for human dignity, free and informed consent, confidentiality, and to balancing the harms and benefits of data collection and sharing.

Personal information: As defined in the *Freedom of Information and Protection of Privacy Act*, this includes recorded information about an identifiable individual including, but not limited to:

- An individual's name, address, telephone, email addresses
- Age, sex, sexual orientation, marital status, family status, ancestry, race, color, nationality
- Religion, religious beliefs and associations, political association, or activity
- Education, employment, employment history
- Financial history, activities, and financial circumstances (except as required by the [Province of Manitoba Public Sector Compensation Disclosure](#))
- Criminal history
- A person's individual opinions (except if the opinions are about someone else) and any opinions expressed about that individual by someone else

Personal Health Identification Number (PHIN): means the personal health identification number assigned to an individual by the minister to uniquely identify the individual for health care purposes

Personal health information: As defined in the *Personal Health Information Act*, this is any recorded information about an identifiable individual that relates to:

- The individual's health, or health care history, including genetic information about the individual
- The provision of health care to the individual
- Payment for health care provided to the individual, and includes
 - The PHIN and any other identifying number, symbol, or particular assigned to an individual
 - Any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care

Health Care: Any care, service, or procedure:

- Provided to diagnose, treat, or maintain an individual's physical or mental condition
- Provided to prevent disease or injury or promote health
- That affects the structure or a function of the body, and includes the sale or dispensing of a drug, device, equipment, or other item pursuant to a prescription



2024 Personal Tax Credits Return

TD1

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.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

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 resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2024, and your net income for the year from **all** sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student 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. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

6. 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 \$9,872.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an **infirm** dependant age 18 or older (**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 \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

11. 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 amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. 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 amount on their income tax and benefit return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

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 the 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.

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 2024, 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 is less than the total claim amount

Tick 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.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

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.)

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

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. 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.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. 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

You may claim **any** of the following amounts 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 2024:

- \$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 may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

\$

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

Reduction in tax deductions

You may ask to have less tax deducted at source 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 or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

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 _____

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

<p>1. Basic personal amount – Every person employed in Manitoba and every pensioner residing in Manitoba can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.</p>	15,780
<p>2. Age amount – If you will be 65 or older on December 31, 2024, and your net income from all sources will be \$27,749 or less, enter \$3,728. You may enter a partial amount if your net income for the year will be between \$27,749 and \$52,602. To calculate a partial amount, fill out the line 2 section of Form TD1MB-WS, Worksheet for the 2024 Manitoba Personal Tax Credits Return.</p>	
<p>3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$1,000 or your estimated annual pension.</p>	
<p>4. Tuition and education amounts (full-time and part-time) – Fill out this section if you are a student 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. Enter your total tuition fees that you will pay, plus the amount from the following conditions that apply:</p> <ul style="list-style-type: none"> • \$400 for each month you will be a full-time student • \$400 for each month you will be a part-time student who has a mental or physical disability • \$120 for each month you will be a part-time student who does not have a mental or physical disability 	
<p>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 \$6,180.</p>	
<p>6. Spouse or common-law partner amount – Enter the difference between \$9,134 and the estimated net income of your spouse or common-law partner if both of the following conditions apply:</p> <ul style="list-style-type: none"> • You are supporting your spouse who lives with you • Your spouse's or common-law partner's net income for the year will be less than \$9,134 	
<p>7. Amount for an eligible dependant – Enter the difference between \$9,134 and the estimated net income of the eligible dependant if all of the following conditions apply:</p> <ul style="list-style-type: none"> • You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by • The dependant is related to you and lives with you • The dependant's net income for the year will be less than \$9,134 	
<p>8. Caregiver amount – Enter \$3,605 if you are taking care of a dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older) • The dependant lives with you • The dependant has a net income of \$12,312 or less for the year <p>You may enter a partial amount if the dependant's net income for the year will be between \$12,312 and \$15,917. To calculate a partial amount, fill out the line 8 section of Form TD1MB-WS.</p>	
<p>9. Amount for infirm dependants age 18 or older – Enter \$3,605 if you are supporting an infirm dependant and all of the following conditions apply:</p> <ul style="list-style-type: none"> • The dependant is related to you or your spouse or common-law partner and lives in Canada • The dependant is 18 years or older • The dependant has a net income of \$5,115 or less for the year <p>You may enter a partial amount if the dependant's net income for the year will be between \$5,115 and \$8,720. To calculate a partial amount, fill out the line 9 section of Form TD1MB-WS. You cannot claim an amount for a dependent you claimed on line 8.</p>	
<p>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.</p>	
<p>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.</p>	
<p>12. Manitoba Family Tax Benefit – To calculate this amount, fill out the line 12 section of Form TD1MB-WS.</p>	
<p>13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Filling out Form TD1MB

Fill out this form if you have taxable income in Manitoba 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 the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- 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 TD1MB, 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 TD1MB for 2024, 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 TD1MB, check this box, enter "0" on line 13 on the front page and do not fill in lines 2 to 12.

Total income is less than the total claim amount

- Tick 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.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You may ask to have less tax deducted at source 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 or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at canada.ca/cra-information-about-programs.

Certification

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

Signature _____

Date _____

It is a serious offence to make a false return.



DIRECT DEPOSIT INFORMATION SHEET

EMPLOYEE NAME: _____

ADDRESS: _____

PLEASE PROVIDE A 'VOID' CHEQUE
OR DIRECT DEPOSIT INFORMATION
FROM YOUR BANK TO ENSURE
ACCURACY



Evergreen School Division Safety & Health Orientation

Each employee must receive a safety & health orientation prior to starting work, as per the Manitoba Safety & Health Regulations R216/2006.

I acknowledge that I have reviewed, understand, and will comply with the Safety and Health New Worker Orientation PowerPoint via www.esd.ca, found under Employment & Human Resources, Substitute Teachers and Casual Support Staff, 'New Worker Orientation'.

Print name: _____

Signature: _____

Date: _____ / _____ / _____
(Month) (Day) (Year)

Please complete and return to the Division Office.

Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 1 Consent to Collection & Disclosure of Information and Results

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, **if any**, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act*.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS) and the Intake Module (IM) (collectively known as CFSIA).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of *The Child and Family Services Act* and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

DATE: _____ SUBJECT'S SIGNATURE: _____

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.

Part 2 Information and Results

SECTION A — Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant's Mailing Label. Please print all information clearly.

Scott Hill, Superintendent
Evergreen School Division
Box 1200
Gimli MB R0C 1B0

Kelsey Bially 204-642-1717 _____
Contact Person Telephone Number Office / Program / School

A-2 Purpose of Registry Check: (Please check at least one of the following)

- To assess the Subject of this check:
 - Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
 - Whose work, whether paid or unpaid, permits or may permit access to a child
 - Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

A-3 Position: Volunteer Paid Staff Other
Briefly describe position: _____

A-4 Applicant Authorization: ACCESS CODE: 121-93

Signature of Applicant staff who verified Subject's identification Applicant's Signature (Executive Director or Supervisor)

NOTE: There is a non-refundable fee of \$20.00 per application. Please refer to Part 3 for fee payment details.

SECTION B — SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: _____
Surname Given Name Middle Name

Previous and Other Names:

- a) Maiden Name: _____
- b) Legal Name Change: _____
- c) Also Known As: _____
- d) Other Names Known by: _____

B-2 Birth Date: Month _____ Day _____ Year _____ B-3 Male Female X

B-4 Current Address: _____ City: _____
Postal Code: _____ Telephone: (____) _____

B-5 Previous addresses for a minimum of 5 years: _____

B-6 IDENTIFICATION: I have chosen and presented **two (2)** pieces of identification that have been verified by the Applicant in A-4:

SIN No. _____ MHSC No. (6 digit) _____
Band and Status No. _____ Driver's Licence: _____
Passport or Birth Certificate No. _____ Other (please identify) _____

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: _____ SUBJECT'S SIGNATURE: _____

SECTION C — MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services) Office Use Only

This is to certify that as of the date indicated in this section, the subject:

- IS NOT listed on the Manitoba Child Abuse Registry DATE: _____
- IS LISTED on the Manitoba Child Abuse Registry _____
Director of Child and Family Services or Designate

Note: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.



Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 3 Fee Payment

Applicant's Name: _____ Subject's Name _____

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit.

Exempted – no fee attached

Payment Method (Please check one box only and print all information clearly)

VISA Card Number _____ Expiry Date _____
Name as it Appears on Card _____
Amount: _____ (Canadian funds)
Authorization: _____
Signature of Cardholder _____

MASTERCARD Card Number _____ Expiry Date _____
Name as it Appears on Card _____
Amount: _____ (Canadian funds)
Authorization: _____
Signature of Cardholder _____

CHEQUE made payable to the Minister of Finance

Note: Post-dated cheques will not be accepted. There is a \$20.00 NSF charge for all returned cheques.

MONEY ORDER made payable to the Minister of Finance

CASH (Note: It is recommended that you do not send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

Check if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY	
Application Received	Date
<input type="checkbox"/> IN-HOUSE	_____
<input type="checkbox"/> MAIL	_____
<input type="checkbox"/> COURIER	_____
<input type="checkbox"/> FAX	_____
<input type="checkbox"/> Multiple Applications # _____	