



Applicant, please complete this page.

I,

Full given names

Applicant's legal surname

Birth Surname:

Date of Birth:
YYYYMMDD

--	--	--	--	--	--	--	--

Previous Surnames:

Street Address/P.O. Box

City/Town

Province/State

Country

Postal Code/Zip Code

hereby consent the following referee:
(Please print referee's name)

to provide the Ministry of Education with this confidential character reference as part of my application for authorization to teach in B.C.; and I acknowledge that this confidential character reference is not a teaching report.

Date:

Signature of Applicant:

Notes:

- This two-page character reference form is to be provided by the applicant to a referee who shall complete page 2.
- The referee must not be a relative, partner or spouse (or equivalent) of the applicant and must have known the applicant for a minimum of two years.
- The referee must send the form directly to the Ministry of Education by mail or scanned email (trb.certification@gov.bc.ca).
- This character reference will not be accepted as a teaching report.
- Delay in the receipt of this form will result in delay in the processing of the application.

Confidential Character Reference for Authorization to Teach in BC

Page 2

Referee, please complete this page and send it directly to the Ministry of Education by mail or scanned email (trb.certification@gov.bc.ca).

Applicant's Name: _____

1. How long have you known this applicant? A referee must have known the applicant for a minimum of two years.

2. In what capacity have you known this applicant? A referee must not be a relative, partner or spouse (or equivalent) of the applicant.

3. Describe situation(s) in which you have observed the applicant working with children or youth. If you have not observed the applicant working with children or youth, what characteristics and/or qualities have you seen the applicant exhibiting that would be valuable in working with young people?

4. Explain why you consider the applicant to be a fit and proper person to be working with students.

5. Do you have any reason to believe the applicant should not be granted authorization to teach? ☐ No ☐ Yes. If Yes, please explain.

To the best of my knowledge the above information is complete and correct.

Name of Referee:

(Please print full name) _____

Signature of Referee: _____

Date: _____

Address: _____

Telephone: _____

Email: _____

Should the applicant, under the Freedom of Information and Protection of Privacy Act, request a copy of this reference, do you consent to its release? ☐ No ☐ Yes

Delay in receipt of this form will result in delay in the processing of the application. This is a character reference only and may not be used as a teaching report or professional evaluation.

**Ministry of Education and
Child Care**
Teacher Regulation Branch

Mailing Address:
201-828 8th Ave W
Vancouver BC V5Z 1E2

Call Service BC locally:
Victoria: 250-387-6121
Vancouver: 604-660-2421

Call Service BC long distance:
BC Toll Free: 1-800-663-7867
Outside BC: 604-660-2421