

Employer Form

LOPE Jan 2021

TO BE COMPLETED BY THE EMPLOYER OF	F AN APPLICANT FOR A LETTER OF PERMI	SSION
Employer Information		
Public School District No. Independent School Authority No.	Name of District, Authority, or First Nations Council	
School Name		
School Address		
Appointment Start Date (YYYY/MM/DD)	Appointment End Date (YYYY/MM/DD)	
Please describe the school's unique circumstances	that require a Letter of Permission	
I hereby assure the Ministry of Education and Chi	ild Care that:	
	l make the applicant an inappropriate person to v	vork with children, and
I am satisfied that the applicant is of good cl	haracter.	
I further assure the Ministry of Education and Ch	ild Care that:	
 the position described in this application has Council and externally; and 	s been extensively advertised both within the Sch	ool District/School Authority/First Nations
• the School District/School Authority/First	Nations Council has been unable to recruit a cert	tificate holder for the position; and
the School District/School Authority/First until a certified qualified teacher can be recru	Nations Council will make provisions for superviuted.	ising and supporting the uncertified person
Superintendent, School Authority or First Nations Council Chairperson (Please Print)	Signature	Date of Signature (YYYY/MM/DD)
Letter of Permission Contact Name (Please Print)	Email Address	Phone Number (with area code)

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Applicant Information	
Surname	Given Name(s)
Date of Birth (YYYY/MM/DD)	File/Certificate No.
	Leave this space blank if this is the first application for the applicant.
Please describe how the applicant is suital	ble for the position, including any relevant life experience or education.
D w I C w	
Position Information Select all that apply: Elementary	(K-7) Secondary (8-12) TTOC
Grade(s)	(117) Secondary (6.12)
	-
Subject(s)	
Total FTE	(Full Time = 1.0 FTE) Note: TTOCs are automatically 1.0 FTE.
Please describe the position.	

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

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Advertising Information		
eligible for or holding a BC teaching certificate	ict, School Authority, or First Nations Council has under e. Describe the response received from the advertising. we are unable to accept the application form.	taken to seek a qualified person
Start Date to End Date (YYYY/MM/DD to YYYY/MM/DD)	Location / Postings	No. of Responses
Internal Advertising		
External Advertising		
be in the form of screenshots of the advertising Screenshots must clearly show: The actual posting on the external web The posting dates on the external web The location/site where the job is post The position, including subjects and g	bsite as seen by candidates (We cannot accept screenshot esite, as indicated above sted, including the address bar/URL and website logo grade art time, including the full-time equivalent (FTE)	
of the job posting that is included with this ap Rationale	plication form meets these requirements.	100
Were any of the responses received from perso teach in another jurisdiction?	ons holding valid BC teaching certificates or certified to	Yes No
If you answered yes, complete page 4 of this a	pplication form. Provide a rationale for not assigning a c	ertified teacher to the position.
Note: Letters of Permission are issued only	y until the end of the school year. They cannot be ex	tended without reapplying.
Please email the completed form to trb.c	certification@gov.bc.ca.	

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If certified teachers responded to the advertising/job postings, please explain why they were not assigned the position. A sample rationale is provided.

Given Name(s) and Surname	Certification information	Qualifications	Professional experience	Detailed reasons for not hiring a certified teacher
Jane Doe	BC certificate L999999	1988 BA, Simon Fraser University 1989 BEd, University of British Columbia	1989-1999: Candidate taught Grade 3	Candidate has not taught in over 20 years

Include this page when you email your completed form to trb.certification@gov.bc.ca.

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