

VALIDATOR APPLICATION

| | | |
|---|--|-------------|
| Please attach all required documentation to ensure there is no delay in your application. | | |
| CONTACT INFORMATION | | |
| NAME | PHONE | |
| CELL PHONE/ALTERNATE | FAX | |
| EMAIL | STREET ADDRESS | |
| CITY | PROVINCE | POSTAL CODE |
| PRESENT EMPLOYMENT | | |
| TITLE | EMPLOYER | |
| STREET ADDRESS | CITY | |
| PROVINCE | POSTAL CODE | |
| APPLICANT PROFILE | | |
| POSITION MOST INTERESTED IN | LEVEL OF CERTIFICATION | |
| <input type="checkbox"/> Lead Validator <input type="checkbox"/> Peer Validator | <input type="checkbox"/> CDA <input type="checkbox"/> CDW <input type="checkbox"/> CDS | |
| HIGHEST LEVEL OF EDUCATION | | |
| <input type="checkbox"/> College Certificate <input type="checkbox"/> College Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate | | |
| SUBJECT OF STUDY | | |
| CHECK (✓) I am engaged full time as an administrator or practitioner in a child care service. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CHECK (✓) Within the past three years I was a full time administrator or practitioner in a child care service | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CHECK (✓) I have at least three years of continuous experience as a full time administrator or practitioner in a child care service. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CHECK (✓) I have experience in processes of licensing or regulating child care services. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CHECK (✓) I have <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ continuous years of experience providing child care services. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| APPLICANT PROFILE | | |
|---|--|----------------------|
| CHECK (✓) I have <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ continuous years of experience in family child care services. | | |
| CHECK (✓) I have <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ continuous years of experience in out-of-school care services. | | |
| CHECK (✓) I have <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ continuous years of experience administering child care services. | | |
| CHECK (✓) I have <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10+ years of involvement in children's services as an academic, administrator, or service provider. | | |
| CONSENT TO SHARE CONTACT INFORMATION | | |
| I, the undersigned, agree to have my name, email address and other contact information included on a communication list of Validators and Moderators for the purposes of sharing information for AELCS business only. | | |
| FULL NAME <i>(please print)</i> | DATE <i>(dd/mm/yy)</i> | |
| SIGNATURE | | |
| Participation as a Validator may require release time from your employer. If applicable, please have your employer complete the signed agreement below | I CAN PROVIDE MY OWN CAR AND INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| NAME | TITLE | AUTHORIZED SIGNATURE |
| Please enclose a letter explaining your interest in being an AELCS Validator along with a copy of your resume and two letters of reference. | | |
| AELCS OFFICE USE ONLY | | |
| DATE APPLICATION RECEIVED <i>(dd/mm/yyyy)</i> | | |
| <input type="checkbox"/> Criminal Record Check | <input type="checkbox"/> Intervention Record Check | |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Contract | |
| <input type="checkbox"/> (2) Reference _____ | APPLICATION ACCEPTED <input type="checkbox"/> Yes <input type="checkbox"/> No | |