

# CASUAL CAREGIVER MODULE APPLICATION

## Association of Early Childhood Educators of Newfoundland and Labrador

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### Section A – Applicant

First Name	Middle Name	Last Name
Street Address		
Mailing Address		
City/Town	Province <b>NL</b>	Postal Code
Home Telephone	Cell Phone	
Email Address		

### Section B – Declaration and Signature

My signature below indicates:

- I am 18 years of age (or will be 18 years of age before employment begins).
- I understand that completion of the Casual Caregiver Module is:
  - required to be employed as a casual caregiver under the Casual Caregiver Pilot Program;
  - non-transferable to orientation courses completed at a later date;
  - valid for one year from the date of completion; and,
  - not relevant to child care service certification.
- I am aware that the status of my Casual Caregiver Module completion may be shared with the Department of Education's regional Early Learning and Child Development Licensing personnel in the course of their work.

Applicant Name (Please Print): \_\_\_\_\_ Date: (YYYY/MM/DD) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### OFFICE USE ONLY

Certified: <input type="checkbox"/> No <input type="checkbox"/> Yes – If Yes: (level/classification) _____	Date Received: _____
Received By: _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Login/Password sent: _____	