

**DURHAM DISTRICT SCHOOL BOARD
OFFENCE DECLARATION FORM**

SERVICE PROVIDERS

This Offence Declaration Form applies for the 2016/2017 school year for

_____ (your name)

to provide services at/with/or for the Durham District School Board (DDSB).

I DECLARE, whereas my employer has already provided the DDSB with proof that I have a satisfactory Criminal Reference Check and Vulnerable Sector Screening dated September 1st, 2015 or later, yet no later than September 1, 2012, that:

- I have no convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act* (Canada).
- I have the following conviction(s) to declare under the *Criminal Code of Canada* for which a pardon under the *Criminal Records Act* (Canada) has not been issued or granted:

_____ (please list convictions)

This information is collected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, for purposes consistent with the provision of public educational services to children pursuant to the *Education Act* and Regulations.

Please note that, at any time and upon request by a principal, you may be required to provide the DDSB with proof of a recent Criminal Reference Check and Vulnerable Sector Screening. The decision to require a recent Criminal Reference Check by the principal will take into consideration the nature of the activity, the extent of interaction with and responsibility for students, the degree of direct “in the school” supervision, and a general decision of the DDSB regarding all service providers in a certain category.

The depth and degree of screening by the principal and the DDSB will be dependent upon the nature of the activity, and the extent of interaction with and responsibility for students.

Note: The provision of false or misleading information is an offence that may result in exclusion from school property, criminal charges, and/or legal action being taken against you.

Your Name		Name of the Agency at which you work	
Signature		Signature of the Agency's Executive Director	
Date		Date	