## Sheridan

## **Teacher Leadership AQ Program Registration**

Information Form Completed by Applicant								
Please ensure that all fields marked '*' are completed, as these are mandatory. Successful candidates will be								
selected by Sheridan and will be contacted via email with further instructions and registration information.								
OCT Registration Number		Date of Birth *		Gender *				
					Male	Other		
Non-OTC Member					Female			
Surname *		First Name *		Middle Name				
Email Add	ress *			Contact Number *				
2111011710101				Contact Humber				
Mailing Address *								
Address								
City		Province		Pos	tal Code			
Language(s) Spoken		Citizenship Status *		Prior Sheridan Student ID?				
English		Canadian Citizenship		Yes				
French		Permanent Resident		ID:				
Other:		Other:		No				
Name of S	chool Board (optional)							
Name of School (optional)								
SHERIDAN'S PRIVACY AND LEGAL STATEMENT								
Sheridan has a <u>Privacy Policy</u> on access to information and protection of privacy and Sheridan complies with Ontario's Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Links to these documents and other information on access to information and protection of personal information are available on Sheridan's <u>Office of General Counsel</u> website.								
I have read the above Privacy statement, and hereby authorize the release of the information								
contained herein.								
<del></del>								
	Signature				D	ated		



Course Information							
Please submit the course information for which you are enrolling. This will be laid out on the CAPS website							
at caps.sheridancollege.ca.							
Sheridan Course Code	EDUC16237						
Course Title	Teacher Leadership 1 (Creativity and Innovation Focus)						
Start Date							

## **Ontario College of Teacher's Notice**

If the **Ontario College of Teacher's (OCT)** has placed any restrictions, limitations, or conditions on your designated teaching certificate, which may impact your standing and eligibility for reporting with the OCT, it is your sole responsibility to ensure that you have successfully met the OCT requirements prior to registering for this course. Students planning to take subsequent AQ courses in the program will need to provide a signature from their supervisory officer.

<b>Declaration</b>						
I agree to the below statements:						
☐ I hereby certify that the provided information is true and citizenship and immigration status. I understand that any result in the dismissal of my application to Sheridan Colle program and courses.	misinterpretation of this information may					
☐ I hereby certify that I understand and agree to the terms and conditions listed above.						
Signature	Date					