



## Substitute Bus Driver Application Package

### Please provide:

- Application form
- Drivers abstract
- Photocopy of driver's license
- Valid Class 2 License (eligible to obtain one)
- Valid School Bus Driver Certificate (willingness to obtain)
- Completed 24-hour school bus driver training course (willingness to obtain)
- Hold a valid CPR/First Aid Certificate (willingness to obtain)

### Once your application has been approved, please complete/ review the following

- Direct Deposit form – (include void cheque or payroll direct deposit form print-out)
- TD1 MB Provincial tax form
- TD1 Federal tax form
- Pledge of Confidentiality form
- Child Abuse Registry Check - **Employment is subject to satisfactory Criminal Record Check**
- Criminal Record Check - **Employment is subject to satisfactory Child Abuse Registry Check**
- Respect in School training
- Employee Safety During Emergencies (review)

### Return completed documents to:

Human Resources  
Email: [hr@isd21.mb.ca](mailto:hr@isd21.mb.ca)  
Fax: 204-467-8334

### Applicants must:

- have the ability to receive direction and work independently
- have the ability to understand and follow written and verbal instructions

Interlake School Division welcomes applications from people with disabilities. Information regarding our Accessible Employment Process can be found on our website <https://www.interlakesd.ca/accessibility-plan/>

Please familiarize yourself with the school locations and ISD Administrative Procedures found on the ISD website: [www.interlakesd.ca](http://www.interlakesd.ca)

A new substitute bus driver list is prepared at the commencement of each school year. Only those who reconfirm their intention will be included on the new list. Please contact our HR Department at [hr@isd21.mb.ca](mailto:hr@isd21.mb.ca) at the commencement of each school year to express your interest to continue being a substitute with Interlake School Division.



# Substitute School Bus Driver Application

192-2<sup>ND</sup> AVENUE N., STONEWALL, MB R0C 2Z0  
PHONE: 204-467-5100 FAX: 204-467-8334

Name of Applicant \_\_\_\_\_

Complete Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

**EDUCATION:**

Grade Completed \_\_\_\_\_

Certificates/Course \_\_\_\_\_ Diploma \_\_\_\_\_

Do you have a valid First Aid Certificate? Yes  No

Expiry Date \_\_\_\_\_

## QUALIFICATIONS:

### TRUCK/BUS DRIVING EXPERIENCE / SKILLS

Employer	Type of Vehicle
_____	_____
_____	_____
_____	_____

### EMPLOYMENT HISTORY: (beginning with most recent)

Employer \_\_\_\_\_ Position held \_\_\_\_\_

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

Employer \_\_\_\_\_ Position held \_\_\_\_\_

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

Employer \_\_\_\_\_ Position held \_\_\_\_\_

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

**DRIVING RECORDS:**

Province	License #	Class	Exp. Date	Bus Driver Cert. #
_____	_____	_____	_____	_____

List any license restrictions:

\_\_\_\_\_  
\_\_\_\_\_

- **Attach copy of Drivers Abstract**
- **Attach copy of Drivers Licenses**

Has your license, permit of privilege to operate a motor vehicle ever been denied, revoked or suspended: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: When? \_\_\_\_\_

Where? \_\_\_\_\_

Why? \_\_\_\_\_

**REFERENCES:** (provide 3 work related references)

Name	Relationships	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment with the Interlake School Division is subject to approval upon completion of a satisfactory Criminal Record Check and Child Abuse Registry Check

I certify the above information is true and correct.

**Applicant's Signature:**

**Date:**

\_\_\_\_\_

Office Use Only

Supervisor Approval X _____	Date: _____
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## INTERLAKE SCHOOL DIVISION PAYROLL DIRECT DEPOSIT INFORMATION

Employee Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y

Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Type of Account (Chequing or Savings): \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_  
\_\_\_\_\_

Financial Institution Phone: (\_\_\_\_) \_\_\_\_\_

Account No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ % of Net Pay \_\_\_\_\_ or \$ \_\_\_\_\_  
Institution Transit Account No.

Account No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ % of Net Pay \_\_\_\_\_ or \$ \_\_\_\_\_  
Institution Transit Account No.

Total          100%

**IMPORTANT:**

If you are using a chequing account, please attach a "VOID" blank personal cheque to this completed form and return it to the Interlake School Division Office.

Should you change your financial institution, please advise us immediately.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Employee # _____ (For office use only)
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# 2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name		First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address		Postal code	<b>For non-residents only</b> Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

**15,705**

**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

**3. Age amount** – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- You do **not** have a spouse or common-law partner, or you **have** a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

In all cases, go to line 9 if your dependant is **18 years or older, infirm**, and has a net income for the year of \$28,041 or less.

**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$15,705) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

**11. Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

**12. Amounts transferred from a dependant** – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition amount on their income tax and benefit return, enter the unused amount.

**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.  
Your employer or payer will use this amount to determine the amount of your tax deductions.

**Filling out Form TD1**

Fill out this form **only** if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

**More than one employer or payer at the same time**

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

**Total income is less than the total claim amount**

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**For non-resident only (Tick the box that applies to you.)**

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at **1-800-959-8281** if you are unsure of your residency status.

**Provincial or territorial personal tax credits return**

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

**Deduction for living in a prescribed zone**

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed **intermediate** zone may claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](http://canada.ca/taxes-northern-residents).

\$

**Additional tax to be deducted**

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

\$

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](http://canada.ca/cra-forms-publications) or call **1-800-959-5525**.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](http://canada.ca/cra-information-about-programs).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**

**Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.**

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	<b>For non-residents only</b> Country of permanent residence	Social insurance number

  

<p><b>1. Basic personal amount</b> – Every person employed in Manitoba and every pensioner residing in Manitoba can claim this amount. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.</p>	<b>15,780</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2024, and your net income from <b>all</b> sources will be \$27,749 or less, enter \$3,728. You may enter a partial amount if your net income for the year will be between \$27,749 and \$52,602. To calculate a partial amount, fill out the line 2 section of Form TD1MB-WS, Worksheet for the 2024 Manitoba Personal Tax Credits Return.</p>	
<p><b>3. Pension income amount</b> – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter <b>whichever is less</b>: \$1,000 or your estimated annual pension.</p>	
<p><b>4. Tuition and education amounts (full-time and part-time)</b> – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter your total tuition fees that you will pay, plus the amount from the following conditions that apply:</p> <ul style="list-style-type: none"> <li>• \$400 for each month you will be a full-time student</li> <li>• \$400 for each month you will be a part-time student who has a mental or physical disability</li> <li>• \$120 for each month you will be a part-time student who does not have a mental or physical disability</li> </ul>	
<p><b>5. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$6,180.</p>	
<p><b>6. Spouse or common-law partner amount</b> – Enter the difference between \$9,134 and the estimated net income of your spouse or common-law partner if <b>both</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You are supporting your spouse who lives with you</li> <li>• Your spouse's or common-law partner's net income for the year will be less than \$9,134</li> </ul>	
<p><b>7. Amount for an eligible dependant</b> – Enter the difference between \$9,134 and the estimated net income of the eligible dependant if <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• You do <b>not</b> have a spouse or common-law partner, or you <b>have</b> a spouse or common-law partner who does not live with you and who you are not supporting or being supported by</li> <li>• The dependant is related to you and lives with you</li> <li>• The dependant's net income for the year will be less than \$9,134</li> </ul>	
<p><b>8. Caregiver amount</b> – Enter \$3,605 if you are taking care of a dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an <b>infirm</b> relative (aged 18 or older)</li> <li>• The dependant lives with you</li> <li>• The dependant has a net income of \$12,312 or less for the year</li> </ul> <p>You may enter a partial amount if the dependant's net income for the year will be between \$12,312 and \$15,917. To calculate a partial amount, fill out the line 8 section of Form TD1MB-WS.</p>	
<p><b>9. Amount for infirm dependants age 18 or older</b> – Enter \$3,605 if you are supporting an <b>infirm</b> dependant and <b>all</b> of the following conditions apply:</p> <ul style="list-style-type: none"> <li>• The dependant is related to you or your spouse or common-law partner and lives in Canada</li> <li>• The dependant is 18 years or older</li> <li>• The dependant has a net income of \$5,115 or less for the year</li> </ul> <p>You may enter a partial amount if the dependant's net income for the year will be between \$5,115 and \$8,720. To calculate a partial amount, fill out the line 9 section of Form TD1MB-WS. You <b>cannot</b> claim an amount for a dependent you claimed on line 8.</p>	
<p><b>10. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p><b>11. Amounts transferred from a dependant</b> – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition and education amounts on their income tax and benefit return, enter the unused amount.</p>	
<p><b>12. Manitoba Family Tax Benefit</b> – To calculate this amount, fill out the line 12 section of Form TD1MB-WS.</p>	
<p><b>13. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

**Filling out Form TD1MB**

Fill out this form if you have taxable income in Manitoba and **any** of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1MB, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

**More than one employer or payer at the same time**

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1MB for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1MB, check this box, enter "0" on line 13 on the front page and do not fill in lines 2 to 12.

**Total income is less than the total claim amount**

- Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

**Additional tax to be deducted**

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.

**Reduction in tax deductions**

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://canada.ca/cra-forms-publications) or call 1-800-959-5525.

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings at [canada.ca/cra-information-about-programs](https://canada.ca/cra-information-about-programs).

**Certification**

I certify that the information given on this form is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**It is a serious offence to make a false return.**





Interlake School Division  
192 2<sup>nd</sup> AVE. N  
Stonewall, Manitoba  
R0C 2Z0  
Phone (204) 467-5100  
Fax (204) 467-8334  
[www.interlakesd.ca](http://www.interlakesd.ca)

### PLEDGE OF CONFIDENTIALITY

As an employee/volunteer of Interlake School Division, I acknowledge and understand that I may/will have access to personal health information about others, including students, the confidentiality and protection of which is governed by The Personal Health Information Act (the Act).

I further acknowledge and understand that the Interlake School Division has established written policies and procedures containing provisions for the security of personal health information in the Division's possession during its collection, use, disclosure, storage and destruction; provisions for the recording of security breaches; and corrective procedures to address security breaches.

I further acknowledge that I have been provided orientation and that I have received or will receive ongoing training about these policies and procedures.

I acknowledge that I am bound by the policies and procedures established by the Interlake School Division in accordance with the Act and I am aware that a consequence of breaching them is prosecution under the Act, and/or disciplinary action.

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Print name and position – teacher, EA, etc.)



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## MEMORANDUM

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To: ALL NEW EMPLOYEES

From: Human Resources

For the protection of our students and staff the Interlake School Division requires all persons employed by the Division to obtain the following checks.

1. **Criminal Record Check/Vulnerable Sector Check and Consent for Criminal Record Check for a Sexual Offence:**

Criminal Record Checks are conducted through your local RCMP Detachment.

If you are acquiring the above check from the Stonewall Detachment, please either call 204-467-5015 or email [rcmp.dstonewall.grc@rcmp-grc.gc.ca](mailto:rcmp.dstonewall.grc@rcmp-grc.gc.ca) for further instructions.

*If you live in the town of Stonewall, you must go to the town office and pay a \$20.00 service charge. You will need to present this receipt along with your \$10.00 fee (certified cheque or money order to Receiver General of Canada) once you arrange to pick up your completed check.*

For more details, please refer to:

<http://rcmp-grc.gc.ca/en/criminal-record-and-vulnerable-sector-checks>

If you live in the City of Winnipeg, the Winnipeg Police Service performs the checks in person or electronically at:

<http://policeinformationcheck.winnipeg.ca/>

2. **Child Abuse Registry Check:**

i. Apply online – Self Check at:

[http://www.gov.mb.ca/fs/childfam/child\\_abuse\\_registry.html](http://www.gov.mb.ca/fs/childfam/child_abuse_registry.html)

OR

ii. Complete the 3-part application found on our website under HR/Employment Opportunities <https://www.interlakesd.ca/employment/>

1. **Part 1 – Consent to Collection and Disclosure of Information and Results.** Date and Sign
2. **Part 2 – Information and Results**  
Section A – to be completed by Interlake School Division  
Section B – Please complete (choose and present two pieces of identification to be verified)  
Section C – For Child Abuse Registry Office Only
3. **Part 3 – Fee Payment** \$20 fee payment (Credit Card, Cheque (made payable to Minister of Finance) or Money order (made payable to Minister of Finance))

Thank you for your cooperation. Should you have any questions or require assistance, please contact Human Resources at 204-467-5100.

**Manitoba Education and Early Childhood Learning**  
**Respect in School for all School Substitute Staff**

<https://mbed-school.respectgroupinc.com/>

Respect in School is a 90-minute online certification program that is required for all school staff who have the potential to have interactions with children. Completion of this program is a requirement for all of our staff including our substitute staff. Recertification is required every 4 years.

If you have already completed this program at another school division, please provide a copy of your certificate.

The program can be accessed at <https://mbed-school.respectgroupinc.com/>

When registering for the online program:

- you will be asked to identify your “Role”. For substitute staff please select “Other” from the list.
- you will be asked to identify your “Association” – from this list of locations, please select “Interlake School Division” and then “Division Office”.

**Program Access Instructions:**

- If you have an existing Respect in School Program certificate, select “Already Certified?”; and follow the prompts.
- If you have an existing profile in any other Respect in School Group program, select “New to this Program?” then “Look Up”.
- If this is your first time registering for a Respect Group Program, select “New to this Program?” followed by “Register”.
- Complete Registration.
- Select “Submit” at the bottom of the page. You will be requested to review and accept the Privacy policy.
- Once successfully logged in, you will default to the Home page. Select “Program Access” to view the modules.
- To re-access the program, return to the same URL indicated above and enter the username and password created during registration.

**General Information:**

- Respect Group programs are optimized to provide the best possible user experience for your device. This program will run on any modern web browser using a PC, Mac, Android or iOS devices such as the iPhone and iPad.
- Numerous Customer Support tools are available for any questions you may have before login as well as within the program. Prior to logging in you will see buttons to retrieve usernames and passwords, and to look up your certificate number. Inside the program, the Help button is available to connect you with a Customer Support Representative.



# MEMORANDUM

**To:** All Staff  
**From:** Robyn Lowe, Safety Advisor  
**Re:** Employee Safety During Emergencies

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At Interlake School Division, we take employee safety seriously.

If you have a disability, whether permanent, temporary, visible or invisible, and if you believe you may need help during an emergency, please let me know. You will be asked to complete an Employee Emergency Information Worksheet. We will then work with you to develop an individualized emergency response plan that will meet your needs in an emergency.

Please note, I do not need to know the details of your medical condition or disability, only the kind of help you may need. The information you provide will be kept confidential and only shared with your consent. For example, if you needed another person to assist you during an emergency, we would request that you allow us to share the relevant information with that helper.

If you have questions, if your circumstances change at any time, or if you already have emergency response information and need to adjust it, please let me know and we can go work through a plan together.

Thank you

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