



# Child Care Staff Classification Services Application for Classification- Training Completed In Nova Scotia

Use this form if you have completed your training in Nova Scotia. For details on qualifications for classification visit our website [www.ednet.ns.ca/earlyyears/pd/ClassificationforStaff.shtml](http://www.ednet.ns.ca/earlyyears/pd/ClassificationforStaff.shtml) and read the *Guide to Classification and School Age Approval*. Errors, omissions, or incomplete applications will delay assessment.

## 1 Give your details

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle initial(s): \_\_\_\_\_

Former last names if any: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

## 2 Check the classification level you are applying for

Entry       Level 1       Level 2       Level 3       School Age Approval

If Entry, attach a copy of your orientation completion certificate.

If Level 1, attach a copy of your most recent transcript and orientation completion certificate.

If Level 2, 3 or School Age Approval, attach a final transcript.

\*Please note if you have a qualification for School Age Approval you will be required to complete the Provincial Orientation.

## 3 Sign the declaration and consent

I declare that the information on this form is true and complete in every respect. I give consent to Child Care Staff Classification Services to verify the information contained in this form, for the purpose of classification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4 Send the application to

Child Care Staff Classification Services  
Early Years Branch  
Department of Education & ECD  
PO Box 578  
Halifax, Nova Scotia  
B3J 2S9

*You will receive documentation related to your classification by mail.*

For office use only	
Date received (dd/mm/yyyy):	_____
Registration number:	_____
Date issued (dd/mm/yyyy):	_____
Classification level:	_____
School Age Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No    Requires orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Review date:	_____