



Special Education Advisory Committee (SEAC) Membership Application

Individuals must complete the following application form for consideration to be a member of TCDSB Special Education Advisory Committee (SEAC).

**Membership role
being applied for:**

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Community Member
Complete Parts A,B,D,E

OR

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Local Associations
Membership
Complete Parts A,B,C,D,E

PART A

Qualifications for Special Education Advisory Committee (SEAC) Community or Local Association member:

- a) Canadian Citizen and minimum of 18 years old. O. Reg. 464/97, s. 5.1;
- b) Resident of City of Toronto. O. Reg. 464/97, s. 5.1;
- c) Separate School Supporter. O. Reg. 464/97, s. 5.1;
- d) Not employed by the Toronto Catholic District School Board (TCDSB). O. Reg. 464/97, s. 5.3;
- e) **For a local association membership only:** "Local Association" means an association or organization of parents that operates locally within the area of jurisdiction of the Board and that is affiliated with an association or organization that is not an association or organization of professional educators but that is incorporated and operates throughout Ontario to further the interests and well-being of one or more groups of exceptional children or adults. O. Reg. 464/97, s. 1.

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Yes, I meet the qualifications listed above. ***Proceed with application.***

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No, I do not meet all the qualifications listed above. ***Do not proceed with application.***

PART B

Surname:		First Name:	
Main Contact Number:		Alt. Contact Number:	
Home Address			
E-mail address:			
Child(ren)'s School(s):			

PART C

Organization Name:	
Organization Address:	
Main Contact Person:	
Main Contact Number:	



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PART D

1. To which other TCDSB parent organizations do you presently belong:

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CSAC

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CPIC

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TAPCE

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None

2. List the community organizations/groups in which you are currently a member and provide a brief outline of your role within each of these organizations:

3. Briefly outline the reasons why you are interested in being a member of this committee:

4. Please identify and explain any related personal and/or professional experiences which you have that would assist you in the role of a committee member:

5. Would your personal and/or professional experiences place you in a **Conflict of Interest** in regards to being a member of this Committee:

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NO

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YES Please explain:

6. Have you been selected to be part of another TCDSB Committee within the past 12 months?

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NO

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YES Please specify the Committee:

7. Do you support the Catholic Mission/Vision of TCDSB?

8. Provide any additional comments to be considered in regards to your participation on this committee:



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PART E

Completed membership application form and request for nomination letter submitted by
(Applicant to enter full name in the grey shaded box) to the attention of the Director of Education via email to:

Brendan.Browne@tcdsb.org

Date:

Applicant's Signature:

Important

- Local Association Membership Application **must be accompanied** by a formal nomination letter made in writing by the executive of the local chapter to the Director of Education/Secretary of the board no later than October 31st in the year of the Board's election. *TCDSB Policy A.23 S1 (c)*
- The appointment of members will be made at the Inaugural Meeting of the Board. *TCDSB Policy A.23 S1 (e)*
- If requests for membership occur during the term of office, then a recommendation will be made to the Board through SEAC. *TCDSB Policy A.23 S1 (g)*

For further details on the Policy for the Special Education Advisory Committee, please refer to Policy No. A23 on the TCDSB website at:

<https://www.tcdsb.org/Board/Policies/Documents/A23.pdf>