

Greetings from the Ontario Principals' Council,

We are delighted that you are interested in the Ontario Principals' Council *Mentoring Qualification Program*.

The OPC is proud to be offering a program designed by principals for principals, delivered by the OPC in partnership with local boards of education. I am sure our program will provide you with an outstanding professional learning experience.

It is a personal and professional pleasure to be involved in this enriching endeavour. If you have any questions about our *Mentoring Qualification Program*, please do not hesitate to contact the Ontario Principals' Council at 416-322-6600 or 1-800-701-2362.

For specific inquiries about the *Mentoring Qualification Program* you can email us at mqp@principals.ca or for general inquiries about the OPC you can email us at admin@principals.ca.

Sincerely,

A handwritten signature in black ink that reads 'Joanne Robinson'. The signature is written in a cursive, flowing style.

Joanne Robinson
Registrar
Mentoring Qualification Program
Ontario Principals' Council

Mentoring Qualification Program – Application Form

Session Information

Location or DSB: _____ Date: _____
(mm/dd/yy)

Prior learning credit: If you have completed both of the following sessions, you are eligible to receive a credit towards this program: MentorCoach Training for Educators Session 1 and Foundational Coaching Part 1.

Yes, I have completed both sessions and qualify for the prior learning credit.

No, I have not completed both sessions.

Personal Information (please print clearly)

Title: _____ First Name: _____ Surname: _____ MI _____

Ontario College of Teachers #: _____ Date of Birth: _____
(mm/dd/yy)

OPC Member: Yes, OPC # _____ No

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone: (____) _____

School/Office Name: _____ Office Telephone: (____) _____

DSB: _____ Current Role: Teacher Vice-Principal Principal
 Other: _____

Panel: Elementary Secondary

The Ontario Principals' Council recognizes the importance of privacy and the sensitivity of personal information. The OPC adheres to a Privacy Policy that is compliant with the Protection of Personal Information and Electronic Documents Act. You may access this Policy at www.principals.ca.

Applicant Signature

Date (mm/dd/yyyy)

Mentoring Qualification Program Fee Payment Authorization Form
Candidate Information

Title: _____ First Name: _____ Surname: _____ MI _____

Phone: (_____) _____ Email: _____

Course Date: _____ Course Location or DSB: _____

Payment

 Fee: **\$920.00**
*includes \$50 non-refundable registration fee) *A \$70 discount applies to those with a prior learning credit.

 Option A: Cheque (Make cheque payable to: Ontario Principals' Council)

 Option B: Credit Card Payment

 VISA MasterCard

Card Number: _____ / _____ / _____ / _____

Expiry Date (MM/YY): _____ / _____

CVV Code (last 3 digits found on the back of the card): _____

Card holder approval:

By checking this box, the card holder approves of the fee schedule listed

Please send application:

By mail: Ontario Principals' Council
 Attn: Mentoring Qualification Program
 2700 – 20 Queen St. W, PO Box 7 Floor Toronto, ON M5H 3R3

By fax: 416-322-6618 Attn: Mentoring Qualification Program

Or scan and send by email: mqp@principals.ca
FOR OFFICE USE ONLY
Session: Spring Summer Fall Winter **Year:** _____

Amount to be paid: \$ _____ Authorized by: _____ Date: ____ / ____ / ____