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Validation of Work Experience Form

To complete this form, you must download and save a blank copy to your computer. Close your Internet browser and open the saved copy from your computer files. Now you may print off a hard copy or enter your information electronically.

Please read the [Validation of Work Experience Guide](#) for more information about this form.

The completed, signed form, and the additional relevant documentation (e.g. job description, performance appraisal form) must be submitted to the College by the Validator within 30 days of receipt of this form. *The College will not accept this form from the applicant.*

Please identify the applicant whose experience you are validating.

Last name (including former last name, if applicable):

First name:

Application reference number (if known):

Section 1: Validator's Information

Validator's last name:

Validator's first name:

Job title:

Validator's post-secondary credential(s):

Name of the awarding post-secondary institution (include city, province/state, country):

Professional designation (if applicable):

Registration number or Licence number:

Phone number (include country code, area code and extension):

E-mail address:

Section 2: Validation of Applicant's Work Experience in the Practice of Early Childhood Education

Part I: Job Title, Duration, Duties and Responsibilities

Name of place and complete address where you directly mentored/supervised the applicant:

Street name and number:

Unit #:

R.R.:

P.O. Box:

City:

Province/State:

Postal Code:

Country:

Setting(s) where you directly mentored/supervised the applicant:

- Licensed Child Care (centre-based, home-based child care)
- Unlicensed Child Care (unlicensed home-based child care, nanny, Care for Newcomer Children)
- Family Support Programs (child and family resource centres, Parenting and Family Literacy Centre)
- Children's Services (special needs resourcing, developmental services, children's mental health, children's treatment centre, child welfare)
- Education (public or private school, school board)
- Pre-service or In-service (post-secondary institution, professional resource centre, professional training, consultant)
- Government (First Nation, federal, provincial or municipal government, policy, licensing, administration)
- Advocacy (professional association, union, network)
- Other (please specify):

Relationship to applicant:

- Mentor Supervisor Director or equivalent
- Other (please specify):

Applicant's job title/role:

Applicant's work status:

- Full-time (more than 30 hrs/week)
- Part-time (less than 30 hrs/week)
- Casual/Supply (on call/as-needed basis)
- Other (please specify):

Duration:

From (MM/YY):

To (MM/YY):

Describe the applicant’s duties and responsibilities:

Notes:

- You may add an appendix if the space above is not sufficient.
- You may submit additional relevant documentation (e.g., job description, performance appraisal form).
- Indicate if you are submitting additional documentation: Yes No
- Evaluate the applicant’s performance: Very good Good Satisfactory Poor

Part II: Practice of Early Childhood Education

Practice of early childhood education means the planning and delivery of inclusive play-based learning and care programs for children to promote the well-being and holistic development of children.

Did the applicant work directly with the following individual age groupings?

If you answered “Yes”, please indicate the total number of hours accumulated by the applicant within each age group:

- Infant/toddler (0 - 30 months) Yes No
Preschool (30 months - 6 years) Yes No
School age (44 months - 12 years) Yes No

OR

- Mixed ages Yes No

Total number of hours:

If applicant worked in a mixed age group setting, provide the following information:

The age range of children:

Total number of hours within this setting:

Did the applicant’s work experience involve planning and delivering inclusive play-based early learning curriculum and programs for:

- i. Individual children from birth to age 12? Yes No
- ii. Group of children from birth to age 12? Yes No

If you answer “Yes”, please provide examples:

Did the applicant’s work experience involve the assessment of the programs and of the progress of children in the programs?

Yes No

If you answer “Yes”, please provide examples:

Did the applicant’s work experience involve communication with the parents or persons with legal custody of the children in the programs in order to improve the development of the children?

Yes No

If you answer “Yes”, please provide examples:

Section 3: Validator’s Signed Confirmation

- I confirm that all the information in the above form and related documents is true.
- I acknowledge that any false or misleading statement may disqualify its consideration in the application process.
- By checking this box and typing/printing my name I confirm my understanding and agreement to the terms of this Validation of Work Experience Form.

Validator Full Name:

Date (DD/MM/YY):

Please email the completed and signed form to: registration@college-ece.ca