

Reader / Translator / Interpreter Declaration

To be completed by the reader, translator, or interpreter providing the approved exam accommodation.

Client Information:

Client ID No		Occupation	
Name		Region	
Type of Exam	ESA <input type="checkbox"/>	Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Interprovincial <input type="checkbox"/> Provincial <input type="checkbox"/>

Reader/Translator/Interpreter Information:

First Name	Last Name	Email
Address		
IMPORTANT: Photo ID must be brought to the exam session. Specify type and details below.		

Declaration of: Reader ☐ Translator ☐ Interpreter ☐ ATCD Staff ☐ I solemnly declare (check all):

<input type="checkbox"/>	I am not a certified journeyman, employed in, or have practical knowledge of the trade in question or a related trade.
<input type="checkbox"/>	I will not assist the candidate to answer exam questions in any manner, I will not mark answer selections or provide any prohibited assistance (i.e. performing calculations or measurements).
<input type="checkbox"/>	I will not (in any manner) copy exam questions or answers, or disclose information regarding the content of the exam to any party.
<input type="checkbox"/>	I understand that this exam session will be monitored by a ATCD invigilator and may be recorded and reviewed.
<input type="checkbox"/>	I understand that the invigilator may terminate the exam session if I assist the candidate in any way with answers to exam questions.
<input type="checkbox"/>	I have not read/translated a level, provincial certification, or interprovincial certification exam in the last 6 months, and not more than one time in the last 24 months (if not ATCD staff).

Collection, Use and Disclosure: Personal information provided with your Reader/Translator/Interpreter Declaration is collected under authority of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015), and will only be used for the administration of the above noted exam or for a consistent purpose under section 69 of ATIPPA, 2015. The personal information collected will only be used and/or disclosed in accordance with sections 66 and 68 of ATIPPA, 2015.

Access to Information and Protection of Privacy Act, 2015: Under ATIPPA, 2015 personal information is protected in accordance with section 64.(1); you have the right to access your personal information protected in accordance with section 8.(1); and you have the right to request the correction of your personal information protected in accordance with section 10.(1) if there has been an error or omission. You have the right to withdraw this consent at any time by contacting the Apprenticeship and Trades Certification Division. If you have any questions regarding how your personal information is collected or used, you may contact the ATIPP Coordinator. A listing of all departmental coordinators and their contact information can be found at: www.atipp.gov.nl.ca/info/coordinators.html.

Signature of Reader/Translator/Interpreter	Date
Client Signature	Date
Office Approval	Approval date
PLEASE NOTE: This declaration must be attached to the <u>Request for Examination Accommodation</u> form.	