



DEPARTMENT OF EDUCATION
GUIDANCE COUNSELLOR ALLOWANCE APPLICATION
2024/2025

Employer _____

Teacher _____ Employee ID _____

GUIDANCE ASSIGNMENT

Names/IDs for all schools in which the teacher is assigned as a guidance counsellor:

Total time assigned to guidance*
(minutes per 5-day week)

Total time assigned to Classroom teaching
(minutes per 5-day week)

*Total of the 2 areas on the left
cannot exceed 1500 minutes
per 5-day week.*

*Please refer to [Conditions for the Approval of Guidance Counsellor Allowance](#).

I certify the above to be the assigned duties of the individual named above and to be in accordance with applicable articles of the [Provincial Collective Agreement](#) and request approval of this individual as a Guidance Counsellor.

Principal _____ SEO (HR) _____

Date _____ Date _____

Privacy Notice

Under the authority of the [Teacher Training Act](#), personal information is collected in order to maintain the records respecting teachers. This information is kept confidential and handled as required by the [Access to Information and Protection of Privacy \(ATIPP\) Act](#).

Any questions or comments can be directed to the Registrar of Teachers, Karen Mulrooney,
at
709-729-3020 or teachercertification@gov.nl.ca

DEPARTMENT OF EDUCATION USE ONLY

Total assigned duties _____ Previous Approval ☐ Yes ☐ No
Percentage of time counselling _____ Qualifications _____
Category of Allowance Approved 1 2 3 4 5 Denied _____
Teacher Certification Approval _____ Date _____

Teachers' Payroll

Amount of Allowance _____