



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](mailto: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 \_\_\_\_\_