



SIMCOE MUSKOKA CATHOLIC
DISTRICT SCHOOL BOARD

APPLICATION FOR EXTERNAL AGENCY COLLABORATIVE PARTNERSHIP

*Supplemental Student Services by Regulated
Professionals/Paraprofessionals*

Collaborative Agreement

This form is to be completed by an External Agency/Service Provider as an application for consideration of the provision of program/services within schools of the Simcoe Muskoka Catholic District School Board. This application along with the required supporting documents are to be submitted to the Collaborative Partnership Committee in accordance with [PPM 149](#). Please send this information via email to:

Sandra Fujioka
Administrative Assistant to Lonnie Bolton, Superintendent of Student Achievement
705-722-3555 x272 / sfujioka@smcdsb.on.ca

Applicant Information (External Agency)

Type of Submission: New application Annual re-submission

Name of Agency: _____

Is the Agency Ministry funded?:

Yes (If yes, name of Ministry: _____) No

Mailing Address: _____

Web Address: _____

Phone Number: _____ Fax Number: _____

Agency provides service in: Simcoe County Muskoka/Parry Sound

Key Contact and Title: _____

E-mail Address: _____

Phone Number: _____

Program / Service Description

Please provide an overview of the proposed programs and services. Supporting documentation can also be submitted along with your application (e.g., flyers, handouts, etc.)

Program Title:	
Program Goals & Objectives:	
Target panel (Elementary and/or Secondary):	
Program Description:	
Expected Outcomes:	
Program Timelines:	
Evidence of Congruence with SMCDSB Board mission, vision, and Catholic values: (see www.smcdsb.on.ca)	

Regulated Professional Staff Qualifications and Responsibilities

Please list relevant regulated agency staff, their qualifications, college membership, and registration number.

Staff Name	Qualifications & College Membership	Member in good standing? (Y/N)	Registration Number	Supervisor

Roles and responsibilities of professional staff in program delivery:

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Paraprofessionals

Please list relevant paraprofessionals, their qualifications, and the name of their clinical supervisor. (Include the supervisor's qualifications, college membership and registration number)

Staff Name	Qualifications	Supervisor

Roles and responsibilities of paraprofessional staff in program delivery:

Informed Consent

Please provide an overview of your informed consent process for students and parents/guardians. Please outline how pertinent information would be shared between your agency staff and SMCDSB staff.

A blank copy of the consent form is attached.

Space, Resources, and Materials

Please provide a description of the school based resources that are required for the delivery of your program, including details on the specifications of the physical space required by your staff.

I understand that space and resources required for program facilitation must be approved by SMCDSB and that space for SMCDSB Staff will be ensured prior to offering space to community partners.

Accessibility

Please provide a description of any accessibility needs that your agency staff may have as part of the program facilitation:

Expenses

Please outline any anticipated costs that would not be covered by your organization that need to be considered.

Evaluation of Program/Service

Collaboration between your agency and SMCDSB on any evaluation of your program/service is required. Please describe the proposed method of evaluation and attach any relevant forms/tools.

Proposed evaluation tools are attached.

Research

SMCDSB considers collaborative research opportunities on a case-by-case basis. All research requests must be formally submitted to the Research Committee. Further information on research at SMCDSB and the application/review process can be found on our board website:
https://www.smcdsb.on.ca/our_board/research_requests

Declaration of Police Records Check (CBC & VSS) for all agency staff working in schools.

- It is understood external agency staff who are working in schools/or directly with students, are required to have a current police records check (including a vulnerable sector screening, and a pardoned sexual offender database search) in order to provide any services or programs in schools. Any expenses incurred will be the responsibility of the external agency.
- All external agency staff providing services in schools have a current CBC/VSS and/or provide an annual declaration to the agency in this regard.

Note: New External Agencies providers are required to provide a current CBC/VSE within the last 6 months. If this is an annual renewal then the annual declaration above is required only.

Proof of Insurance

- I understand that the external agencies must carry their own insurance which includes professional malpractice coverage (minimum \$2,000,000) to insure against civil litigations alleging incompetence, professional errors, omissions or charges laid by professional colleges or parents/legal guardians.
- Copy/Proof of insurance is attached.

Proof of Workplace Safety and Insurance Board Coverage (WSIB)

- I understand that the External Agency will provide a Certificate of Clearance from the Workplace Safety and Insurance Board indicating the agency is in good standing.
- Copy/Proof of insurance is attached.
- Not a WSIB employer.

Application Submission Information

Submission date: _____

Name of agency staff who completed the documentation: _____

Instructions:

Please complete and submit application along with all required supporting documentation to:

Sandra Fujioka
 Administrative Assistant to Lonnie Bolton, Superintendent of Student Achievement
 705-722-3555 x272 / sfujioka@smcdsb.on.ca

If you have any questions or require any further information please contact Sandra Fujioka.

FOR SMCDSB Partnership Committee ONLY

Date received : _____

Date reviewed by committee: _____

Application review:

- Program is consistent with SMCDSB mission, vision, and values.
- Program supplements services offered by SMCDSB and is not a duplication.
- Program materials, resources, and space requirements do not compromise SMCDSB staff.
- Agency Staff's qualification and Supervisors are satisfactory.
- Agency and identified program adhere to SMCDSB standards of informed consent, equity, and human rights.
- Consent forms and information letters meet board standards and include a process for exchange of pertinent information between agency staff and SMCDSB staff.
- Any use of measurement or evaluation tools meet Board standards.

Application results:

- Approved
- Denied. Reason for denial:

- Pending. The following changes and/or additional items are required for further review by the committee: