

# Review your application

Review the following information you provided. This information will be submitted as an application for Early Childhood Educator Certification.

| Information about you  Change information |  |
|---|--|
| Your name: Tinku Saber Tooth              |  |
| Birthdate: Nov. 14, 1988                  |  |
| Status in Canada: Canadian citizen        |  |
| Applied previously: No                    |  |
| Conduct requirements disclosure: Yes      |  |
| Employed right now: No                    |  |

Your contact information

**Change information** 

| Your mailing address:     |
|---------------------------|
| Country: Canada           |
| Province: Alberta         |
| City: EDMONTON            |
| Street: T6X2B5            |
| Suite:                    |
| Postal code: M4M2L8       |
| Your residential address: |
| Country: Canada           |
| Province: Alberta         |
| City: EDMONTON            |
| Street: T6X2B5            |
| Suite:<br>11              |

Postal code:

**M4M2L8** 

Primary phone number:

423-456-7891

Secondary phone number:

8745961235

## Information about your education Change information



Have you completed the Alberta Child Care **Orientation Course?** 

Yes

Have you been certified in a province or territory in Canada?

Yes

Which province or territory were you certified in?

**British Columbia** 

Have you completed a language proficiency test?

Yes

Language proficiency test:

**International English Language Testing System (IELTS)** 

Post secondary education

SD

SS

What year did you start the certificate, diploma, degree or program?

#### 2008

What year did you finish the certificate, diploma, degree or program?

#### 2009

Which country is this educational institution located in?

#### Cabo Verde

#### TT

#### **QWERT**

What year did you start the certificate, diploma, degree or program?

#### 2009

What year did you finish the certificate, diploma, degree or program?

#### 2011

Which country is this educational institution located in?

#### Cambodia

## Others accessing your application information



**Change information** 

### **Authorized person 1:**

What is their full name?

#### **SAMUAL**

What is their relationship to you?

Relative

## Supporting documents about your education



**Change information** 

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Self Disclosure\_396.pdf