



**School District 69 Qualicum**  
**Collaborative Education Alternative Program**  
CEAP Learning Centre | Box 1000 | 266 Village Way | Qualicum Beach, BC V9K 1T3  
Phone: 250-752-5628 | FAX: 250-752-5619  
ceap@sd69.bc.ca | www.ceap.ca

## SERVICE PROVIDER CONTRACT

In Accordance with Section 86 of the School Act of British Columbia it is appropriate for CEAP to enter into an agreement with service providers *“to purchase educational services under the general supervision of an employee of the board who is a member of the college.”*

CEAP provides authorization to you to invoice us for services provided to supplement the learning outcomes of the individual student learning plan, as long as the following conditions are met:

- A signed Service Provider Contract is in effect.
- Criminal Records Check has been verified by our office.
- Authorization by CEAP office for the activity and the specified amount to be paid on the student’s behalf.
- Invoices for reimbursement for activities must be received by our office before June 15.

All payments are made directly to the Service Provider by CEAP.

**Date of Application:** \_\_\_\_\_

**Service Provider Business Name:** \_\_\_\_\_

**Nature of Service Provided:** \_\_\_\_\_

As a part of our approval process, you are requested to include the following:

- A one-page overview of your course or program, listing the number of sessions, topics/skills covered, and types of activities the student will engage in.
- A photocopy of any applicable credentials, certification(s), or summary of training and education. (Employees of organizations such as RDN are exempt from this requirement.
- If you are a private service provider (not attached to any organization, attach copy of Criminal Records Check, or

**Valid Criminal Records Check is**  **Attached**  **on file with employer** (Employer: \_\_\_\_\_ ) \_\_\_\_\_  
*Initial*

**Service Provider Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone and FAX:** (Tel) \_\_\_\_\_ (FAX) \_\_\_\_\_

**Email Contact:** \_\_\_\_\_

\_\_\_\_\_  
*Service Provider signature*

\_\_\_\_\_  
*for CEAP*

\_\_\_\_\_  
*Date*