Blyth Academy Class Action Claims Form

THIS FORM IS DUE BY JUNE 1, 2020 -LATE FORMS WILL NOT BE ACCEPTED

	FOR BLYTH ACADEMY'S USE ONLY			
Date application received (dd-mm-yyyy):				
PLEASE COMPLETE ALL OF THE FOLLO	WING FIELDS:			
PART 1 – APPLICANT INFORMATION				
1. First Name	2. Last Name			
3. Social Insurance Number				
4. Permanent Home Address (include street address, city/town, and province/territory)				
5. Mailing Address (if different from above)				
6. Telephone Number	7. Alternate Telephone Number			

PART 2 – INFORMATION REGARDING CLAIM

Please indicate below, to the best of your knowledge, the number of contracts you had with Blyth Academy on its Ontario campuses from September 1, 2015 to August 31, 2019, as well as the type of contracts you worked under. Blyth Academy will compare your Claim Form with its own records to come to a full conclusion about your work history.

Please try and set out how many of the following you had when you worked at Blyth Academy:

- The number of employment agreements;
- The number of independent contractor agreements, save and except (1) any contracts that form a "cluster of contracts" (defined below); and (2) any contracts that took place over a summer term;
- The number of clusters of contracts, meaning a group of three of more independent contractor agreements that were commenced within the same term;
- The number of summer-term contracts; and,

 The number of contracts to teach at Blyth Academy Downsview from March – July 2016

Please also indicate, to the best of your knowledge, the approximate dates you worked these contracts. For greater clarity, contracts to teach online courses should not be included in your calculations.

If you would like, you may attach any supporting documentation that you may have (for example, copies of your contracts or emails with Blyth Academy). **This is not required.**

If the space provided on this form is not sufficient, please feel free to enclose a separate sheet with your information.

8. While teaching at Blyth Academy from the 2015-2016 school year to the 2018-2019 school year, and to the best of my recollection, I worked the following number of contracts and employment agreements:

Number	Туре	Approximate Dates of Contracts
	Full-year employment agreements	
	Independent contractor agreements	
	Clusters of contracts	
	Summer term contracts	
	Contract for Blyth Academy Downsview from March – July 2016	

	Other (please explain)			
	also let us know if you worked at Blyth			
school year	ar. We do not need details, just a simple	le "yes" or "no" answer.		
Please check the box that applies:				
YES I taught at Blyth Academy before the 2015-2016 school year				
NO I did not teach at Blyth Academy before the 2015-2016 school year				
10. Inden	nnity	_		
	g this form, you acknowledge that, if you ent contractor agreement or agreement			
•	ims, or CPP premiums that might apply	•		
	ithholding any portion of funds paid in			
agreemen	nts on your behalf for the Canada Rev	enue Agency ["CRA"]. You agree to		
indemnify and save harmless Blyth Academy and you waive any claims against Blyth				
Academy for any claims, taxes, charges, penalties, or obligations, if any, applied by the CRA to the payment.				
CKA IO III	е раушет.			
44 Drive	ov Statement and Concept			
TT. Privac	cy Statement and Consent			
Blyth Acad	demy and Cavalluzzo LLP will collect, u	se and/or disclose this form and any		
-	es, data, information, reports, material or	•		
which are disclosed, revealed or transmitted to them with this form solely for the				
purpose of executing the terms of the Class Action settlement agreement. The use and disclosure of any personal information received by Blyth Academy is subject to all				
	e laws that may require the retention or	• •		
	on disclosed, including the <i>Personal Info</i>			
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	ting this form, you consent to the use of ses of administering the Blyth Academy			
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PART 3 – DECLARATION AND SIGNATURE

12. I DECLARE THAT:

- The information provided in this form is true, based on my personal records, experience and recollection.
- If the information described above is inaccurate, false or misleading, I may be required to repay the compensation that I receive.
- I have read and agree to the Indemnity provision set out in paragraph 10 above.

Applicant's signature	Date	

PART 4 - WHERE TO SEND YOUR CLAIM FORM

Please mail or email your completed claim form and any attached documents (if applicable) to the following address by June 1, 2020:

By mail:

Blyth Academy Head Office 160 Avenue Road Toronto, ON M5R 2H8

By email:

blyth.classaction@blytheducation.com