

BCTF CURRICULUM VITAE FORM				Include an email or fax for confirmation	
COMMITTEE OR TASK FORCE APPLYING FOR					
NAME					
HOME ADDRESS					
CITY/TOWN		POSTAL CODE		HOME PH	
SCHOOL NAME/PLACE OF WORK				WORK PH	
TEACHING ASSIGNMENT				LOCAL	
Because the BCTF has an affirmative action policy, an applicant may wish to provide, on a voluntary basis, information as to whether they self-identify as a member of an equity-seeking group, which includes female, trans* (trans, transgender, transsexual, genderqueer, two-spirit, transwoman, transman), visible minority or racialized person, Aboriginal (Indigenous) person, person with a disability, or lesbian, gay, or bisexual person.					
NOTE: Personal references and it is possible that additional references may be checked. Affected locals will be consulted about the acceptability of applicants as regional co-ordinators. Information given will be treated confidentially (except for co-ordinator positions). The fact that you have expressed a willingness to serve on this committee or task force is not treated confidentially. If you are currently on sick leave and/or in receipt of Health and Wellness or SIP benefits, and expect to be so during any portion of the term of this position, your application will not be considered at this time. However, you are encouraged to apply to any Federation position at a future date.					
ACADEMIC QUALIFICATIONS					
Degree	Year	University	Major field(s)	Minor field(s)	
Other relevant education or training					
TEACHING EXPERIENCE (list most recent experience first)					
School	Grade level(s)		Dates		
EXPERIENCE ON A BCTF OR LOCAL COMMITTEE OR TASK FORCE OF SIMILAR NATURE (indicate date of involvement)					
LIVED EXPERIENCE (as it relates to the work of this committee)					

OTHER PROFESSIONAL AFFILIATIONS/OTHER RELATED EXPERIENCE (e.g., PSA, community)			
NOMINATED BY (Professional Development co-ordinator nominations must be by local. Nominations for most other committees may be by any BCTF member, groups of members, PSA, or local. Self-nominations are accepted.)			
Name		Home Ph	
Address		Work Ph	
REFERENCES (Submit the names of two people who will serve as your references)			
Name		Name	
Position		Position	
Home Ph	Work Ph	Home Ph	Work Ph
Address		Address	
<p>Photocopies of this completed form will be made available to a short-listing committee and the Executive Committee. Photocopies will be provided to the Representative Assembly where appropriate.</p> <p>NOTE: ALL NOMINEES WILL BE INFORMED OF THE EXECUTIVE COMMITTEE’S DECISION CONCERNING APPOINTMENTS MADE.</p>			