Professional and Social Issues Division fax number: 604-871-2286

**BCTF REPRESENTATIVES TO THE EDUCATOR WORKSHOP FOR ONLINE LEARNING QUALITY ASSURANCE**

**PLEASE PRINT—Using black ink for photocopying** Date:

Please select **one** (✓):

|  |  |  |
| --- | --- | --- |
| **Grade Team** | **Number of BCTF reps** | **√** |
|  Grades K-5, Teaching online | 5 |  |
| Grades K-5, Not teaching online | 1 |  |
| Grades 6-12, Teaching online | 5 |  |
| Grades 6-12, Not teaching online | 1 |  |

* I am available to participate in a full-day or two half-day workshop(s) via Zoom in early November 2021.

(GIVEN NAMES—put preferred name in brackets) (SURNAME)

Home address: City or town: Postal code:

Home #: School/work #:

Fax #: Email:

School name or place of work:

School/work address:

School district #: School district name:

Because the BCTF has an affirmative action policy, an applicant may wish to provide below, 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.

|  |
| --- |
| **ACADEMIC QUALIFICATIONS** |
| **Degree** | **Year** | **University** | **Major field(s)** | **Minor field(s)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1

|  |
| --- |
| **TEACHING EXPERIENCE—please be as specific as possible** (list most recent experience first) |
| **School(s)** | **Subject and grade level** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other relevant education or training:**

**Previous ministry committee experience:**

**Specify how you meet the selection criteria on the committee posting.**

**Current BCTF Provincial Specialist Association (PSA) memberships:**

**REFERENCES** (please submit the names of two people who will serve as your reference)

1. Name: Home #:

Position: Work #:

Email:

2. Name: Home #:

Position: Work #:

Email:

***Please note:*** Personal references and a local association reference may be checked.  **References should be active BCTF members**. Information given will be treated confidentially. The fact that you have expressed a willingness to serve as a teacher consultant is not treated confidentially. Photocopies of this completed form will be made available to the BCTF short-listing committee.

***Please return this form to:***

***Professional and Social Issues Division at the BCTF Email:*** [***applications@bctf.ca***](file:///C%3A%5CUsers%5Ckdunn%5CAppData%5CRoaming%5COpenText%5COTEdit%5CEC_entconnect%5Cc6004766%5Capplications%40bctf.ca)

**Deadline for application: Wednesday, October 27, 2021 at 5:00 p.m.**

**(late applications will not be accepted)**