Application for Aboriginal Education

Workshop Facilitators

Professional and Social Issues (PSI) training

Name		Email		
Address				
City		Postal Code	Phone	
School/Place	e of work		Work phone	
Teaching ass	signment		Local	
Aboriginal a	ncestry? Plea	se self-identify		
I am able to	offer worksh	ops in French		
Are you a m	ember of an o	equity-seeking group?		
I will be avai	ilable to atter	nd the Facilitators' Institute Trair	ning (FIT) from August 20–2	2, 2022
Teaching ex School	perience (list	the most recent first) Grade level(s)	Dates	
Academic q Degree	ualifications Year	University	Major field(s)	Minor field(s)

Summary of BCTF/Local involvement				
Summary	of experience	as a facilitator		
School	Year	Description of involvement		
Describe '	your training, l	knowledge, and/or experience in the area of facilitation you're applying for.		
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Reference	es (Please do no	ot use administrators, BCTF staff, or BCTF Executive Committee members)		
Na	ame	Position/Title/School district		
1				
3	·			
Note:	To apply,	complete this form by May 27, 2022, and return by email to <i>mhope@bctf.ca</i> to 604-871-2286.		

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