

**Call for Teacher Participation in Connected Services BC (CSBC) MyEducation BC
Teacher Advisory Group**

CV APPLICATION FORM

(Any information submitted separately from this form will not be reviewed)

PLEASE COMPLETE ELECTRONICALLY

Date: _____

| Grade Level | Please select ONE category ONLY |
|-------------|---------------------------------|
| K-5 | |
| 6-8 | |
| 9-12 | |

(GIVEN NAME/S—put preferred name in brackets)

(LAST NAME)

Home address: _____

City or town: _____ Postal code: _____

Home/cell phone #: _____ School/work phone #: _____

Email: _____

School name or place of work: _____

School/work address: _____

School district #: _____ School district name: _____

Applicants may wish to provide in the space below, on a voluntary basis, information as to whether they self-identify as a member of one or more equity-deserving groups.

ACADEMIC QUALIFICATIONS

| Degree | Year | University | Major field(s) | Minor field(s) |
|--------|------|------------|----------------|----------------|
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| TEACHING EXPERIENCE—please be as specific as possible (list most recent experience first) | | |
|--|-------------------------|------|
| School(s) | Subject and grade level | Year |
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If you currently occupy any of the following roles in your school community, please check of any/all that apply:

school counsellor student services adult education alternative education

Indigenous education online learning MyEducation BC support

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

List your current BCTF Provincial Specialist Association (PSA) memberships (if any):

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

Please note that references **MUST be active BCTF members**, and that school administrative staff are **NOT** members. All references may be checked.

- Name: _____ Home # _____

Position: _____ Work # _____

Email: _____
- Name: _____ Home # _____

Position: _____ Work # _____

Email: _____

Information provided will be treated confidentially. The fact that you have expressed a willingness to serve as a teacher consultant is not treated confidentially. Copies of this completed form will be made available to the BCTF short-listing committee. To facilitate the organization of the Ministry advisory group, the contact information submitted on this application form will be shared with Connected Services BC. By submitting this application, you agree to your personal information in this application being shared for this purpose.

Please return this form to:
Professional and Social Issues Division at the
BCTF email: applications@bctf.ca

Deadline for application: Tuesday, October 21, 2025, at 5:00 p.m.
(Late applications will not be accepted)

te:tfu