

**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: \_\_\_\_\_

<b>Grade Level</b>	<b>Please confirm you will represent the BCTF at this grade level:</b>
6-8	

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

(LAST NAME)

Home address: \_\_\_\_\_

City or town: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home/cell phone #: \_\_\_\_\_ School/alternate 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)

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

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.

1. Name: \_\_\_\_\_ Home # \_\_\_\_\_  
 Position: \_\_\_\_\_ Work # \_\_\_\_\_  
 Email: \_\_\_\_\_
2. 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](mailto:applications@bctf.ca)**

**Deadline for application: Friday, May 22, 2026, at 5:00 p.m.**  
(Late applications will not be accepted)

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