**BCTF REPRESENTATIVES TO THE MENTAL HEALTH COLLABORATIVE RESOURCE REVIEW AND DEVELOPMENT**

**PLEASE PRINT—Using black ink for photocopying** Date: Click or tap here to enter text.

Please select **one** (✓):

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| **Grade Level** | **Number of BCTF representatives** | **√** |
| Elementary/Middle | 5 |  |
| Secondary | 5 |  |

Click or tap here to enter text. Click or tap here to enter text.

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

Home address: Click or tap here to enter text.

City or town: Click or tap here to enter text. Postal code: Click or tap here to enter text.

Home #: Click or tap here to enter text. School/work #: Click or tap here to enter text.

Fax #: Click or tap here to enter text. Email: Click or tap here to enter text.

School name or place of work: Click or tap here to enter text.

School/work address: Click or tap here to enter text.

School district #: Click or tap here to enter text. School district name: Click or tap here to enter text.

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.

Click or tap here to enter text.

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| **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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**Other relevant education or training:**

Click or tap here to enter text.

**Previous ministry committee experience:**

Click or tap here to enter text.

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

Click or tap here to enter text.

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

1. Name: Click or tap here to enter text. Home #: Click or tap here to enter text.

Position: Click or tap here to enter text. Work #: Click or tap here to enter text.

Email: Click or tap here to enter text.

2. Name: Click or tap here to enter text. Home #: Click or tap here to enter text.

Position: Click or tap here to enter text. Work #: Click or tap here to enter text.

Email: Click or tap here to enter text.

***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***](http://livelink.bctf.ca/otcsdav/nodes/7437918/applications%40bctf.ca)

**Deadline for application: Wednesday, January 26, 2022, at 5:00 p.m.**

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