

BCTF Appointed Members to the BC Teachers' Council Application CV

PREFERRED PRONOUN(S)		Include a non-SD email for confirmation				
NAME						
HOME ADDRESS						
CITY/TOWN	POSTAL CODE		HOME PH			
SCHOOL NAME/PLACE OF WORK			CELL/WORK PH			
TEACHING ASSIGNMENT	# YEARS	TEACHING	LOCAL NAME AND #			
An applicant may wish to provide, on a voluntary basis, information as to whether they self-identify as a member of an equity-deserving group.						
STATEMENT Describe why you are applying for the position of BCTF nominee to the BC Teachers' Council (maximum 1400 characters).						
BCTF/LOCAL EXPERIENCE						
	Number o Years	of	Details			
Provincial, local union experience						
Professional Development (school or local)						
Local Executive						
Provincial Executive						
PSA Executive						
BCTF Provincial Advisory Committee						

TEACHING EXPERIENCE (List most recent experience first)						
School	Grade level(s)	Grade level(s)				
As an OPTIONAL QUESTION , please feel free to share any ADDITIONAL LIVED , PERSONAL , or PROFESSIONAL EXPERIENCE OR EXPERTISE that you have as they relate to the work of the Council (maximum 1200 characters).						
REFERENCES (Submit the name	s of two active BCTF membe	rs who will serve as your referen	ces. School administrators			
are not BCTF members.)						
Name		Name				
		Position				
Position		Position				
Home/Cell Ph	Work Ph	Home/Cell Ph	Work Ph			
Email		Email				

Information given will be treated confidentially. Please note that copies of this completed form will be made available to the BCTF short-listing committee.

In order to facilitate the appointment process, the contact information submitted on this application form may be shared with the Minister of Education and Child Care. By submitting this application, you agree to your personal information in this application being shared for this purpose.

Deadline for application: Monday, January 27, 2025, 5:00 p.m. (Late applications will not be accepted)

Email your application to applications@bctf.ca

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