

BCTF Representatives for the Focused Education Learning Resource Advisory Committee

CV APPLICATION FORM

(Information submitted in a separate document from this form will not be reviewed)

Please complete electronically	Date:			
Name:				
Street address:				
City or town:	Postal code:			
Home #: Co	ell #:			
NON-work email:				
School name / place of work:				
School / work address:				
School district #: School district name:				
ACADEMIC QUALIFICATIONS				
Degree Year University	Major and minor field(s)			
TEACHER-LIBRARIAN EXPERIENC	•	sible		
Details (list most recent School(s	t experience first) s)	Years		
Serious	9	10013		

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

Please note that your references **MUST be active BCTF members**. All references may be checked.

1.	Name:	Home #
	Position:	Work #
	Non-work Email:	
2.	Name:	Home #
	Position:	Work #
	Non-work Email:	

Information given will be treated confidentially. The fact that you have expressed a willingness to serve as a BCTF representative on Focused Education's Learning Resource Advisory Committee is not treated confidentially. Copies of this completed form will be made available to the full-time table officers.

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

Deadline for application: Friday, September 20, 2024, at 5:00 p.m. (late applications will not be accepted)

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