

Call for Teacher Participation in Ministry of Education and Child Care's Online Learning Sector Advisory Committee

CV APPLICATION FORM

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

PLEASE COMPLETE ELECTRONICALLY

Date: _____

Please confirm the following	Yes
I am a current Online Learning teacher	<input type="checkbox"/>
I am a current member of the BCEDL	<input type="checkbox"/>

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

(LAST NAME)

Home address: _____

City or town: _____ Postal code: _____

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

Email: _____

School name or place of work: _____

School/work address: _____

School district #: _____ School district name: _____

Applicants may wish to provide, 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

Other relevant education or training:

Previous Ministry committee experience:

Specify how you meet the selection criteria on the committee posting, with a focus on your experience with online learning and online learning policy.

Current BCTF Provincial Specialist Association (PSA) memberships:

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 # _____
Email: _____

2. Name: _____ Home # _____
Position: _____ Work # _____
Email: _____

Information given 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. In order to facilitate the organization of the Ministry advisory/working group, the contact information submitted on this application form may be shared with the Ministry of Education and Child Care.

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: Y day v 1 , at :00 .m.

(Late applications will not be accepted)