

## Call for Teacher Participation in the Development of Mental Health and Substance Use Language Guide for K–12 Families in BC School Communities

### CV APPLICATION FORM

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

**PLEASE COMPLETE ELECTRONICALLY**

Date: \_\_\_\_\_

Grade Level/Specialist Area	Please select ONE category ONLY
Grades K–7	
Grades 8–12	
School Counsellor	

(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.**

**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 this project, the contact information submitted on this application form may be shared with the Ministry of Education and Child Care and BC Children’s Hospital. 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: Wednesday, October 16, 2024, at 5:00 p.m.**  
(late applications will not be accepted)

te:tfu