

FOCUSED EDUCATION LEARNING RESOURCE EVALUATORS, 2025-2028

CV APPLICATION FORM

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

Copies of this completed form will be made available to the BCTF short-listing committee. In order to facilitate the organization of the Focused Education Resource Evaluation team, copies of the first two pages of this application may be shared with the Focused Education evaluation coordinators. By submitting this application, you agree to your personal information being shared for this purpose. NOTE: the references on page 3 will NOT be shared with Focused Education.

PLEASE COMPLETE FORM ELECTRONICALLY Date:					
Please indicate your language of instruction: English French					
	Grade level (please select O	NE level only)			
	Elementary-Primary				
	Elementary-Intermediate				
	Secondary				
Please indicate here if you are a: teacher-librarian district lead/specialist teacher					
(GIVEN NAME/S—put preferred name in brackets) (LAS			_AST NAME)		
Home address:					
City or town:, BC Postal code:					
Home/cell #:	School/work #:	:			
District Email:(district email is required to access Focused Education online resources)					
Other Email:					
School name or place of work:					
School/work address: _					
School district #: School district name:					
our community. Applice a member of an equity	I to furthering social justice, diversity ants are encouraged to disclose, on a deserving group, which includes fer erienced racism, Aboriginal (Indigena	a voluntary basis, wh male, 2SLGBTQIA+ p	nether they self-identify as person, a person of colour,		

ACADEMIC QUALIFICATIONS						
Degree	Year	University	Major field(s)	Minor field(s)		
	TEACH	IING EXPERIENCE—please b	e as specific as possible	2		
(list most recent experience first)						
Subject			Grade level	Year/s		
Other relevant education or training (include your use of learning technology and web conferencing tools): Specify how you meet the selection criteria on the Focused Education Learning Resource Evaluator posting:						
Indicate your stror	ngest aca	demic area:				
Current BCTF Prov	incial Sp	ecialist Association (PSA) m	emberships:			

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. Note: Information shared on this page of the application will NOT be shared with anyone at Focused Education.

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.

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

Deadline for application: Friday, February 7, 2025, at 5:00 p.m.

(late applications will not be accepted)

te:tfeu