

BCTF Summit: Disability Session — Application Form

APPLICATIONS AND INFORMATION PRO	Include a non-SD email for confirmation				
This application is for the Disability Session and					
Please confirm you identify as belonging to the	e Disabled	Community and/or	r as a Pers	son living with a Disability 🗖	
NAME			BCTF	BCTF Member #	
HOME ADDRESS					
CITY/TOWN POSTAL CODE		L CODE	HOME PHONE		
SCHOOL NAME/PLACE OF WORK			WORK PHONE		
TEACHING ASSIGNMENT		# YEARS TEACHING	LOCAL NAME AND #		
The BCTF values equity and diversity. An applic identify as a member of an equity-seeking ground		vish to provide, on a	a volunta	ry basis, information as to whether they self-	
Please indicate if you are an Early Career Teach	er (<5 yea	ars):			
NOTE : If you are currently on sick leave and/or is portion of this event, your application will not be position at a future date.					
LIVED EXPERIENCE (as it relates to the Disability	y Summit	Session)			
Please describe any BCTF/Local Union EXPERIEN	NCE(S) and	d participation with	any othe	r Disability Justice related groups, events, etc.	
Drawingial lead union averagings	Numb	er of Years (if any)		Details	
Provincial, local union experience Professional Development (school or local)					
Local Executive					
	1		1		

Provincial Executive									
PSA Executive									
BCTF Provincial Advisory Commi	ittee								
TEACHING EXPERIENCE (List most recent experience first)									
School	G	rade level(s)		Dates					
What do you hope to GAIN from this Summit Experience? Please refer to posting.									
How did you learn about this Summit Session? (BCTF Website, E-Blast, Social Media, etc.)									
REFERENCES (Submit the names Name	of two BCTF m	embers who will ser	ve as your references Name	— (BCTF Staff are not members)					
Position			Position						
Home Ph	Work Ph		Home Ph	Work Ph					
Address	1		Address	l .					
NOTE: ALL APPLICANTS WILL BE	INFORMED OF	THE DECISION CON	CERNING APPOINTM	ENTS MADE					