**Teacher Inquiry Program (TIP) Application 2024–25**

**Application Process:**

1. Contact Daniel Shiu at the BCTF by phone at 604-871-1821 or toll-free at 1-800-663-9163, local 1821, or email [*dshiu@bctf.ca*](mailto:dshiu@bctf.ca) for further information about the Teacher Inquiry Program and/or assistance in the application process.
2. Fill in Part A.
3. Submit Part A to the Local Pro-D chair and local president by **Monday, October 21, 2024** for them to fill out Part B.
4. Once approval has been secured in Step 3, the form should be submitted by the local (Pro-D chair or president) to [*TIPapplications@bctf.ca*](mailto:TIPapplications@bctf.ca) by 5:00 p.m. on **Monday, October 28, 2024**.

**PART A**

**Name of person submitting this proposal (Inquiry coordinator):** Click or tap here to enter text.

*(Inquiry coordinator—teacher who initiates the inquiry)*

**Local:** Click or tap here to enter text. **District:** Click or tap here to enter text.

**Current assignment of inquiry coordinator:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Daytime phone:** Click or tap here to enter text.

*(Preferably* ***NOT*** *the district email address)*

Have you applied for a TIP grant before?  Yes  No

If yes, when and what was your inquiry topic/question?

**Provide details to the following questions and include them as an attachment to the application:**

1. **Focus:** What topic(s) would your group like to explore?
2. **Rationale:** Why does your group want to explore the above topic(s)? Include specific subject(s) or grade level(s) on which the inquiry will focus.
3. **Explanation:** Explain briefly how the proposed topic may address pedagogical questions affecting the practice of teaching and/or the teaching profession.
4. **Supports:** What protocols and contacts are needed to support the inquiry?

The BCTF will provide a matching grant for up to $7,500 provided that your school district and/or local union provide(s) the matching funds to support the inquiry. **When applying, consider the release time, coverage (i.e., TTOCs) needed and their availability in the local/district** **during regular school days and hours.**

**PART B**

**Matching fund amount: $**

**Matching funding from**:  School District  Local  Both

**Professional Development chair’s name:** Click or tap here to enter text.

**Professional Development chair’s signature:** Click or tap here to enter text.

**Local president’s name:** Click or tap here to enter text.

**Local president’s signature:** Click or tap here to enter text.

**Submission Due: Monday, October 28, 2024**

Applications will be considered and reviewed by BCTF staff and the BCTF Full-Time Table Officers. Selection will be made based on a variety of criteria including the following: topic/rationale, geographic balance, and a commitment to the inquiry process.

**Responsibilities of the TIP coordinator**

* **Coordinate the following**
* work with the BCTF TIP facilitator to determine dates for the six sessions
* determine meeting location and book a meeting room
* provide technology equipment and photocopies of materials needed by the BCTF TIP facilitator
* assist in coordinating transportation to and from the venue if needed (mileage will be reimbursed)
* provide refreshments for TIP participants at each meeting (may use matching funds from the local/district).
* **Organize the final celebration event to share the group’s inquiry**
* Invite local and district communities (i.e., local president, superintendent, school trustees, and teachers) to an event to celebrate the work of the TIP participants.
* **Upon completion of the teacher inquiry**
* Collect and return the TIP participants’ project summaries from the celebration event to the BCTF, which may be shared on the BCTF TIP website upon consent.
* Inquiry summaries may appear as a PowerPoint, a report document, video/multimedia, etc.
* Submit feedback on the teacher inquiry and a breakdown of the budget expenditures to Daniel Shiu at the BCTF: [*dshiu@bctf.ca*](mailto:dshiu@bctf.ca).

**Responsibilities of the BCTF TIP facilitator**

* contact TIP coordinator when the TIP has been approved
* plan and organize the meeting agenda for each inquiry session
* facilitate each of the inquiry sessions.

**Please list the names of all inquiry participants (8–12; accommodations for participant numbers will be considered upon request).**

|  |  |
| --- | --- |
| **Name** | **Position and School, Local, or District** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| 11. |  |
| 12. |  |

For further information on the Teacher Inquiry Program or assistance in the application process, please contact Daniel Shiu at the BCTF by phone (604-871-1821) or toll-free at 1-800-663-9163, local 1821, or email ([*dshiu@bctf.ca*](mailto:dshiu@bctf.ca)). Interested locals should submit a Teacher Inquiry Program application form to *[TIPapplications@bctf.ca](mailto:TIPapplications@bctf.ca)* by 5:00 p.m. on **Monday, October 28, 2024. Please do not send it to BCTF staff**.

**Information on additional grant funding for small locals**

* **Teacher Inquiry Program grant for small locals**
  + Locals with limited access to the employer portion of matched funding for the Teacher Inquiry Program are eligible to apply.
* **Qualification criteria**
  + small and isolated locals are defined as having less than 160 FTE members
  + up to six locals per year may be awarded the grant.
* **Grant amount**
  + 1/3 of the current TIP grant ($7,500): $2,500
  + **Budget code:** L100-600700-7046—TIP Grant to Locals.

**Check here to have your application considered for the additional grant for small local**

***For BCTF use only***

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of PSID or designate Program Co-ordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time Table Officer

***Copy to Michael Infante, Treasurer’s Office, upon approval.***