



British Columbia Teachers' Federation

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-2283, 1-800-663-9163 • www.bctf.ca
TTY 604-871-2185 (deaf and hard of hearing) Professional and Social Issues Division fax number: 604-871-2286

BCTF REPS FOR ERAC RESOURCE EVALUATORS APPLICATION FORM

PLEASE PRINT—Using black ink for photocopying

Date: _____

Specific group I represent (✓):

I represent: (choose one)	# of members	# of alternates	Check
ELEMENTARY			
English Language Arts A (includes novels) Grades 4–7	6	1	<input type="checkbox"/>
Math/Science/Social Studies Grades 4–7	6	1	<input type="checkbox"/>
SECONDARY			
English Language Arts (includes novels) Grades 8–10	6	1	<input type="checkbox"/>
English Language Arts (includes novels) Grades 11–12	6	1	<input type="checkbox"/>
Home Economics Grades 8–12	4	1	<input type="checkbox"/>
Science Grades 8–10	4	1	<input type="checkbox"/>
Science Grades 11–12	4	1	<input type="checkbox"/>
Social Studies Grades 8–10	4	1	<input type="checkbox"/>
Social Studies Grades 11–12	4	1	<input type="checkbox"/>

(GIVEN NAMES—underline preferred name) (SURNAME)

Home address: _____

City or town: _____ Postal code: _____

Home #: _____ School/work #: _____

Fax #: _____ Email: _____

School name or place of work: _____

School/work address: _____

School district #: _____ School district name: _____

Because the BCTF has an affirmative action policy, an applicant may wish to provide, on a voluntary basis, information as to whether they self-identify as a member of an equity-seeking group, which includes female, trans (trans, transgender, transsexual, genderqueer, two-spirit, transwoman, transman), visible minority or racialized person, Aboriginal (Indigenous) person, person with a disability, or lesbian, gay, or bisexual person.*



ACADEMIC QUALIFICATIONS

Degree	Year	University	Major field(s)	Minor field(s)

Please specify your knowledge and familiarity with the revised curriculum and your specialty area (include any related committee work, coursework, inquiry, research, workshops, or other).

Area	Subject area(s) and grade level(s)	Year

TEACHING EXPERIENCE—please be as specific as possible, and list most recent experience first.

School(s)	Grade level and subjects	Year



Other relevant education or training—include your use of learning technology and web conferencing tools.

Specify how you meet the selection criteria on the committee posting.

REFERENCES—Please submit the names of two people who will serve as your reference. **It is recommended that you list a BCTF member.**

1. Name: _____ Phone H: _____
Position: _____ Phone W: _____
Email: _____
2. Name: _____ Phone H: _____
Position: _____ Phone W: _____
Email: _____

Please note: Personal references and a local association reference may be checked. Information given will be treated confidentially. The fact that you have expressed a willingness to serve as an ERAC evaluator is not treated confidentially. Photocopies of this completed form will be made available to BCTF short-listing committee.

Please return this form to:
Professional and Social Issues Division at the BCTF
Email: applications@bctf.ca Fax: 604-871-2286