



# BCTF

**British Columbia Teachers' Federation** A Union of Professionals  
100-550 West 6th Avenue, Vancouver, BC V5Z 4P2 [bctf.ca](http://bctf.ca)  
604-871-2283 1-800-663-9163 

## BCTF REPRESENTATIVES TO THE MINISTRY OF EDUCATION AND CHILDCARE'S CONSENT AND GENDER-BASED VIOLENCE— SUPPORTING STUDENT HEALTH GUIDES UPDATE COMMITTEE APPLICATION FORM

**PLEASE PRINT—Using black ink for photocopying**

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

Please select **one** (✓):

| Role                          | Representatives | ✓ |
|-------------------------------|-----------------|---|
| Grades K–7 classroom teacher  | 2               |   |
| Grades 8–12 classroom teacher | 2               |   |
| School counsellor             | 2               |   |

(GIVEN NAMES—put preferred name in brackets) (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, applicants may wish to provide, on a voluntary basis, information as to whether they self-identify as a member of one or more equity-seeking groups. This includes women, racialized persons, Aboriginal persons, persons who are trans, gender diverse or Two Spirit, persons with a disability, and persons who are lesbian, gay, or bisexual.*

### ACADEMIC QUALIFICATIONS

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

**TEACHING EXPERIENCE—please be as specific as possible (list most recent experience first)**

| <b>School(s)</b> | <b>Subject and grade level</b> | <b>Year</b> |
|------------------|--------------------------------|-------------|
|                  |                                |             |
|                  |                                |             |
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|                  |                                |             |
|                  |                                |             |
|                  |                                |             |
|                  |                                |             |

**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)

1. Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Position: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Position: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_

***Please note:*** Personal references and a local association reference may be checked. **References should be active BCTF members.** Information given will be treated confidentially. The fact that you have expressed a willingness to serve as a teacher consultant is not treated confidentially. Photocopies 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](mailto:applications@bctf.ca)***

**Deadline for application: Tuesday, October 4, 2022 at 5:00 p.m.**  
**(late applications will not be accepted)**