Teachers’ Action for Teaching

**PROJECT OVERSEAS** 2021

**APPLICATION FORM**

Completed applications are to be **sent to your provincial or territorial teachers’ organization**. Please contact your Member Organization for additional requirements and deadline information for Project Overseas (PO).

**SECTION A –** Please answer all questions

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| Name as it appears in Canadian passport: Click or tap here to enter text*(Underline your preferred name)* |
| Date of birth: Click or tap on arrow to select date |
| Home address: Click or tap here to enter textCity: Click or tap here to enter text Postal Code: Click or tap here to enter text |
| Name of, and distance (km) from, the nearest airport: Click or tap here to enter text |
| Phone number(s): Click or tap here to enter text |
| E-mail address(es): Click or tap here to enter text |
| Present position: Click or tap here to enter text If retired, please state month and year:  |
| School or institution: Click or tap here to enter text | School board: Click or tap here to enter text |
| Principal’s name: Click or tap here to enter text | Superintendent’s name: Click or tap here to enter text |
| Principal’s email: Click or tap here to enter text | Superintendent’s email: Click or tap here to enter text |
| School / work address: Click or tap here to enter text | School board address: Click or tap here to enter text |
| School / work phone: Click or tap here to enter text | School board phone: Click or tap here to enter text |

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| Date of last day of the 2020-21 school year: Click or tap on arrow to select date |
| Latest date by which you must arrive home following the PO assignment: Click or tap on arrow to select date |
| Date of first day of the 2021-22 school year: Click or tap on arrow to select date |

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| **Please attach a photocopy of pages 2-3 of your Canadian passport to this form or provide proof of your passport application** |

**CTF/FCE PROJECT OVERSEAS (PO) EXPERIENCE**

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| Have you ever been a participant in PO? Yes[ ]  No[ ]  |
| If yes, in which year(s)? Click or tap here to enter text |
| In which country(ies)? Click or tap here to enter text |
| Are you interested in being a Team Leader? Yes[ ]  No[ ]  |
| **NOTE:** Whenever possible, the CTF/FCE selects team leaders with prior PO experience. Team leaders must be available to communicate and work with team members, the overseas partner organization, and the CTF/FCE from February to July. Team leaders are also required to attend a video conference in January, a training session in Ottawa in March, and possibly a debriefing in Ottawa in October. |

**TEACHING BACKGROUND** (Beginning with most recent)

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| --- | --- | --- | --- | --- |
| **School and location** | **Position** | **Grades taught** | **Subjects taught** | **Dates (years)**From – To |
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**ACADEMIC BACKGROUND AND PROFESSIONAL DEVELOPMENT** (Beginning with most recent)

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| **Institution / University and location** | **Degree / Program** | **Dates (years)**From – To |
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**OTHER RELEVANT EXPERIENCE** (Paid or volunteer)

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| **Organization** | **Position** | **Location** | **Dates (years)**From – To |
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**SUBJECT PREFERENCES**For which subjects would you feel confident facilitating professional development workshops for unqualified or under-qualified teachers? Indicate the level(s) and the language(s) of instruction.

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| **Subject** | **Level** | **Language** |
| Pre-school /Kindergarten | Elementary | Secondary | English | French | Other (specify) |
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**LANGUAGES**

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| **First language** English[ ]  French[ ]  Other (specify): Click or tap here to enter text |
| **Language in which you have completed your studies** |
| Secondary Level: English[ ]  French[ ]  Other (specify): Click or tap here to enter text |
| Post-secondary Level:English[ ]  French[ ]  Other (specify): Click or tap here to enter text |

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| **Language(s) in which you can *competently* teach** (If you would like to be considered for placement in a francophone country, please respond to a minimum of three questions in section B in French.) |
| English[ ]  French[ ]  Other (specify): Click or tap here to enter text |
| **Level of linguistic ability**: **1** Poor **2** Fair **3** Good **4** Excellent(please indicate appropriate choice for each category) |
|  | **English** | **French** |
| **Listening** |  |  |
| **Speaking** |  |  |
| **Reading** |  |  |
| **Writing** |  |  |

**EXPERIENCE IN ORGANIZATIONS**Outline your involvement in:

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| **Your provincial or territorial and/or local teachers' organization:** |
| Click or tap here to enter text |
| **Other organizations:** |
| Click or tap here to enter text |

**EXPERIENCE WITH DEVELOPMENT COOPERATION AND INTERNATIONAL / INTERCULTURAL PROJECTS**

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| **Have you ever participated in development cooperation programs?** |
| **O****V****E****R****S****E****A****S** | Country(ies) | Date(s) | Nature of program(s) |
|  |  |  |
| **C****A****N****A****D****A** | Location(s) | Date(s) | Nature of program(s) |
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| **List and briefly describe any other international and/or intercultural experience you have had, including location(s) and dates:** |
| Click or tap here to enter text |

**SECTION B –** If you wish to be considered for placement in a francophone country, please answer *three or more* of the questions in this section in French.

**RESPOND BRIEFLY:**

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| 1. **Why do you wish to participate in Project Overseas (PO)?**
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| Click or tap here to enter text |
| 1. **Why do you think you are well suited to participate in a PO assignment?**
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| Click or tap here to enter text |
| 1. **What do you believe are the responsibilities of PO team members?**
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| Click or tap here to enter text |
| 1. **What do you hope to achieve/learn as a result of your participation in PO?**
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| Click or tap here to enter text |
| 1. **Please describe how you would share what you have learned through PO upon your return to Canada.**
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| Click or tap here to enter text |
| 1. **In your opinion, what might be some of the challenges of participating in PO? How would you cope with these challenges?**
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| Click or tap here to enter text |
| 1. **On PO, it is important to put what is best for the project and your team before your own needs and wants. Please provide at least one example of how you have done so in the past.**
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| Click or tap here to enter text |
| 1. **Please describe any experience you have had facilitating workshops/courses for adults.**
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| Click or tap here to enter text |
| 1. **Please provide an example of how you had to manage a stressful situation in a group setting.**
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| Click or tap here to enter text |
| 1. **How will your participation benefit your teacher organization, your school, and your community?**
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| Click or tap here to enter text |

**RECREATION AND HOBBIES**

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| **Do you have interests or hobbies which you think could benefit your PO experience?** |
| Click or tap here to enter text |

**HEALTH**

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| **How do you assess your physical health?** Excellent[ ]  Good[ ]  Fair[ ]  Poor[ ]  |
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| If other than "excellent", give details: Click or tap here to enter text |
| **How do you assess your mental health?** Excellent[ ]  Good[ ]  Fair[ ]  Poor[ ]  |
| If other than "excellent", give details: Click or tap here to enter text |
| **Do you have any conditions that may require accommodations?** Yes[ ] No[ ]  |
| If yes, specify: Click or tap here to enter text |
| **Do you have any allergies and/or dietary restrictions?** Yes[ ] No[ ]  |
| If yes, specify: Click or tap here to enter text |
| **Are there any factors of which we should be aware that may impact your overseas placement (e.g., motion sickness, aversion to particular modes of travel, sensitivity to malaria prevention or other medications, etc.)?** Yes[ ] No[ ]  |
| If yes, specify: Click or tap here to enter text |

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| **REFERENCES**Please provide the names and contact information of three people who can serve as references:

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| 1 | Name: *(Present principal or superintendent)\**Click or tap here to enter text |
| Email: Click or tap here to enter text | Phone: Click or tap here to enter text |
| 2 | Name: *(Executive of your teacher organization)*Click or tap here to enter text |
| Email: Click or tap here to enter text | Phone: Click or tap here to enter text |
| 3 | Name: *(Colleague – if possible, a colleague with PO experience)*Click or tap here to enter text |
| Email: Click or tap here to enter text | Phone: Click or tap here to enter text |
| * *If retired, submit most recent principal or superintendent and, if appropriate, add the name and address of a reference with current information about your educational involvement.*
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**ACKNOWLEDGEMENT**As a PO applicant:

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|[ ]  I confirm that I will have taught in Canada for five full years before the PO assignment begins. |
|[ ]  I accept that I may be assigned to any country where the CTF/FCE has a PO partnership. |
|[ ]  I understand that, while the CTF/FCE makes every effort to assign successful applicants in accordance with their skills and experience, PO participants may be assigned to co-plan and co-deliver professional development workshops on any theme / topic / subject.  |
|[ ]  I understand that PO participants are bound by local laws in the country of assignment as well as by codes of conduct of the CTF/FCE and of their own provincial / territorial teacher organizations. |
|[ ]  I acknowledge that family and friends are not permitted to accompany PO participants during a project, including during the orientation in Ottawa. |
|[ ]  I accept that, for budgetary and safety reasons, PO participants are expected to share accommodations, both in Canada and while on assignment overseas. I accept that PO participants must reside at the assigned team accommodation during the entire program, including during the orientation in Ottawa, unless otherwise arranged in consultation with the CTF/FCE. |
|[ ]  I accept that PO assignments may include exposure to risks and the potential to contract diseases not present in Canada, and that medical facilities and services in the country of assignment may not be as accessible or of the same standard as those in Canada. |
|[ ]  I acknowledge and agree that the CTF/FCE’s insurer may refuse to cover medical costs related to any injuries sustained during the PO assignment if they result from a high-risk physical activity. |
|[ ]  I have provided the personal information in this application form voluntarily to my provincial / territorial teacher organization and to the CTF/FCE for the purpose of applying as a participant in PO. I know that, if I am selected as a participant in PO, the personal information in this application form will be kept on file at the CTF/FCE for the sole purpose of my involvement in PO. |

To confirm the above statements, please type your name in full at the signature line below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap on arrow to select date

**Attachments:**

**➊ Annex A** – Information for Applicants

**➋ Annex B** – Frequently Asked Questions