



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 TO PROVINCIAL ASSESSMENT DEVELOPMENT MEMBER APPLICATION FORM

PLEASE PRINT—Using black ink for photocopying

Date: _____

Specific group I represent (✓):

Team	Reps	Alternates	✓
Grade 4 Reading and Writing Literacy—English	4	2	<input type="checkbox"/>
Grade 7 Reading and Writing Literacy—English	4	2	<input type="checkbox"/>
Grade 4 Reading and Writing Literacy—French	4	2	<input type="checkbox"/>
Grade 7 Reading and Writing Literacy—French	4	2	<input type="checkbox"/>
Grade 4 Mathematical Literacy—English	4	2	<input type="checkbox"/>
Grade 7 Mathematical Literacy—English	4	2	<input type="checkbox"/>

Male Female

(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, each applicant may wish to provide, on a voluntary basis, the information as to whether she or he is female or male, an ethnic minority, a First Nations person, a person with a disability, or LGBTQ: _____

ACADEMIC QUALIFICATIONS

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

PREVIOUS ASSESSMENT EXPERIENCE (e.g., FSAs, other assessments, coursework, research)

Type of assessment	Subject and grade level	Year

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

School(s)	Subject and grade level	Year

Other relevant education or training: _____

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)

1. Name: _____ Home #: _____
Position: _____ Work #: _____
Email: _____
2. Name: _____ Home #: _____
Position: _____ Work #: _____
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 a teacher consultant 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