



PROJECT OVERSEAS 2020

Teachers' Action for Teaching

APPLICATION

**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

Name as it appears in Canadian passport: <i>(Underline your preferred name)</i>	
PLEASE ATTACH A PHOTOCOPY OF PAGES 2-3 OF YOUR CANADIAN PASSPORT TO THIS FORM OR PROVIDE PROOF OF YOUR PASSPORT APPLICATION	
Date of birth:	
Home address:	City: Postal Code:
Name of, and distance (km) from, the nearest airport:	
Phone number(s):	
E-mail address(es):	
Present position:	If retired, please state month and year:
School or institution:	School board:
Principal's name:	Superintendent's name:
Principal's email:	Superintendent's email:
School / work address:	School board address:
School / work phone:	School board phone:
Date of last day of the 2019-20 school year:	
Latest date by which you must arrive home following the PO assignment:	
Date of first day of the 2020-21 school year:	

Name of applicant: _____

CTF/FCE PROJECT OVERSEAS (PO) EXPERIENCE

Have you ever been a participant in PO? Yes No

If yes, in which year(s)? _____

In which country(ies)? _____

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)*

SCHOOL AND LOCATION	POSITION	GRADES TAUGHT	SUBJECTS TAUGHT	DATES (YEAR) FROM - TO

ACADEMIC BACKGROUND AND PROFESSIONAL DEVELOPMENT *(Beginning with most recent)*

INSTITUTION / UNIVERSITY AND LOCATION	DEGREE / PROGRAM	DATES (YEAR) FROM - TO

OTHER RELEVANT EXPERIENCE *(Paid or volunteer)*

ORGANIZATION	POSITION	LOCATION	DATES (YEAR) FROM - TO

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.

SUBJECT	LEVEL			LANGUAGE		
	<i>Pre-school/ Kindergarten</i>	<i>Elementary</i>	<i>Secondary</i>	<i>English</i>	<i>French</i>	<i>Other (specify)</i>

LANGUAGES

FIRST LANGUAGE

English French Other (specify) _____

LANGUAGE IN WHICH YOU HAVE COMPLETED YOUR STUDIES

Secondary Level: English French Other (specify) _____
 Post-secondary: English French Other (specify) _____

LANGUAGE 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 _____

LEVEL OF LINGUISTIC ABILITY (please indicate appropriate choice for **each category**)

1 Poor **2** Fair **3** Good **4** Excellent

	ENGLISH	FRENCH
LISTENING		
SPEAKING		
READING		
WRITING		

Name of applicant: _____

EXPERIENCE IN ORGANIZATIONS

Outline your involvement in:

Your provincial or territorial and/or your local teachers' organization:

Other organizations:

EXPERIENCE WITH DEVELOPMENT COOPERATION AND INTERNATIONAL / INTERCULTURAL PROJECTS

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)

List any other international and/or intercultural experience you have had, including location(s), dates, and duration:

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SECTION B

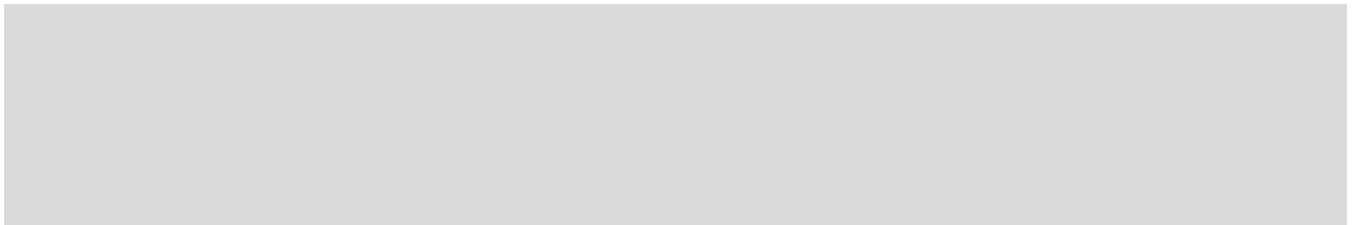
IF YOU WISH TO BE CONSIDERED FOR PLACEMENT IN A FRANCOPHONE COUNTRY,
PLEASE ANSWER THREE OR MORE OF THE QUESTIONS IN THIS SECTION IN FRENCH.

RESPOND BRIEFLY:

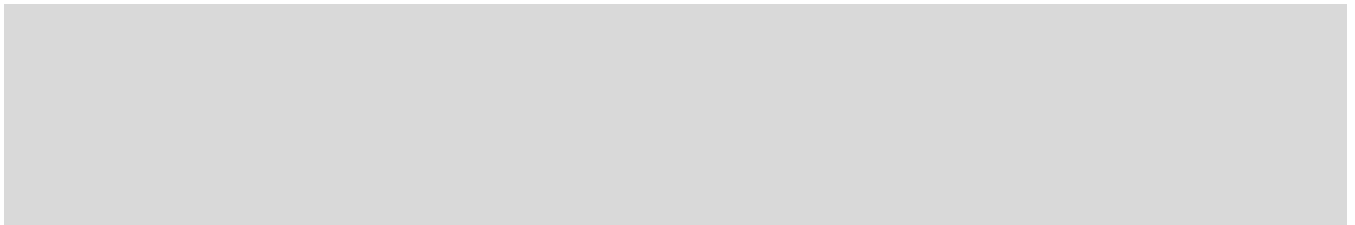
a) Why do you wish to participate in Project Overseas (PO)?



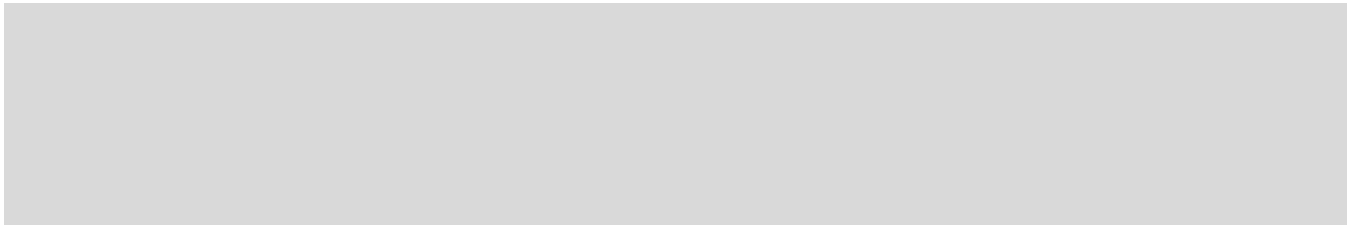
b) Why do you think you are well suited to participate in a PO assignment?



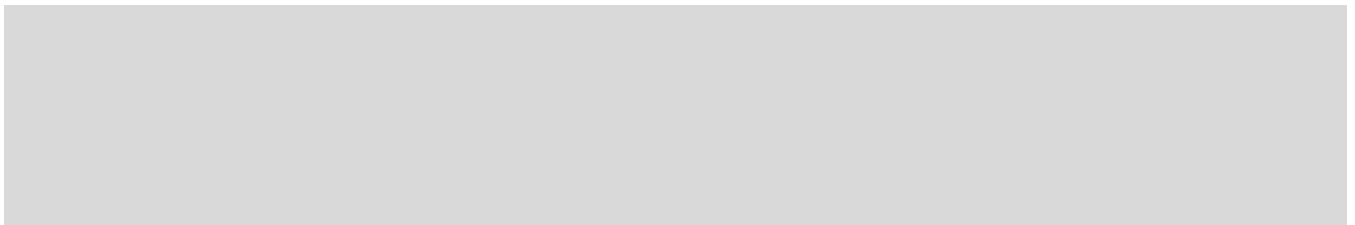
c) What do you believe are the responsibilities of PO team members?



d) What do you hope to achieve/learn as a result of your participation in PO?



e) Please describe how you would share what you have learned through PO upon your return to Canada.



f) In your opinion, what might be some of the challenges of participating in PO? How would you cope with these challenges?

[Redacted response area for question f)

g) 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.

[Redacted response area for question g)

h) Please describe any experience you have had facilitating workshops/courses for adults.

[Redacted response area for question h)

i) Please provide an example of how you had to manage a stressful situation in a group setting.

[Redacted response area for question i)

j) How will your participation benefit your teacher organization, your school and your community?

[Redacted response area for question j)

RECREATION AND HOBBIES

Do you have interests or hobbies which you think could benefit your PO experience?

HEALTH

How do you assess your physical health?

Excellent:

Good

Fair

If other than "excellent", give details:

How do you assess your mental health?

Excellent:

Good

Fair

If other than "excellent", give details:

Do you have any conditions that may require accommodations?

Yes

No

If yes, specify:

Do you have any allergies and/or dietary restrictions?

Yes

No

If yes, specify:

Name of applicant: _____

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:

REFERENCES

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

1. Name: _____

*(Present principal or superintendent)**

Email: _____ Phone: _____

2. Name: _____

(Executive of your teacher organization)

Email: _____ Phone: _____

3. Name: _____

(Colleague – if possible, a colleague with PO experience)

Email: _____ Phone: _____

* 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.

Name of applicant: _____

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Teachers' Action for Teaching

ACKNOWLEDGEMENT

As a PO applicant:

Initials

1. I confirm that I will have taught in Canada for five full years before the PO assignment begins. _____
2. I accept that I may be assigned to any country where the CTF/FCE has a PO partnership. _____
3. 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. _____
4. 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. _____
5. I acknowledge that family and friends are not permitted to accompany PO participants during a project, including during the orientation in Ottawa. _____
6. 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. _____
7. 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. _____
8. 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. _____
9. 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. _____

Signature: _____

Date: _____

Attachments: ① Annex A – Information for Applicants
② Annex B – PO Frequently Asked Questions

Name of applicant: _____