



PROJECT OVERSEAS 2020

Teachers' Action for Teaching

Dear ETFO Member:

Re: Project Overseas 2020 Application

Choosing to participate in Project Overseas (PO) demonstrates a commitment to advancing education and building teacher solidarity beyond borders. To figure out whether PO is right for you, please read the *Frequently Asked Questions* (FAQs) and review the application package.

Make sure that you complete the ETFO application form and not the generic application found on the Canadian Teachers' Federation (CTF)/ Fédération canadienne des enseignantes et des enseignants (FCE) website. Your completed application package must include two (2) copies of the following documents:

- Two letters of support:
 - one letter from an administrator who knows you as an educator; this could be a principal (current or former), vice-principal or superintendent; and
 - one letter highlighting your Federation involvement from your local president or an Executive member.
- A completed and signed *Health Form* verifying the state of your health and your fitness to cope with conditions in a developing country. (Note that additional medical information may be requested.)
- A completed checklist.

When working on your application package, please allow yourself enough time to obtain your letters of support so that your application is received at the ETFO office by 5:00 p.m. on **Friday October 18, 2019**.

If you have any questions about the application process, please contact me by phone at the ETFO office, 416-962-3836 or 1-888-838-3836, Ext. 2236 or by email at pbhardwaj@etfo.org.

On behalf of the International Assistance Committee, thank you for your interest in representing ETFO abroad.

Sincerely,
Punita Bhardwaj,
Executive Staff, Equity and Women's Services

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SECTION A

PERSONAL INFORMATION

Name as it appears in Canadian passport: (Underline your preferred name)			
<i>PLEASE NOTE: It is not necessary to submit a copy of your passport with this application. A request for a copy of your passport will be made by the Canadian Teachers' Federation (CTF) if you are selected to participate in Project Overseas.</i>			
Date of birth:			
Home address:		City:	Postal Code:
Name of, and distance (km) from, the nearest airport:			
Phone number(s):			
Email address(es):			
SELF-IDENTIFICATION			
<p>Member self-identification allows ETFO to achieve a critical goal, supporting and encouraging the participation of all members in ETFO programs, services and events. By completing this section, ETFO will be able to undertake the necessary statistical analysis to achieve this goal.</p> <p>All information collected and the reporting of statistical data will ensure full confidentiality of all members. Although the completion of this section is voluntary, ETFO encourages members to self-identify.</p>			
<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Person with a disability <input type="checkbox"/> Woman <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender, Queer or Questioning <input type="checkbox"/> Racialized Group			
If you identify as Racialized, please specify: (e.g. Black, East Asian, Mixed Race):			
CTF/FCE PROJECT OVERSEAS (PO) EXPERIENCE			
Have you ever been a participant in PO?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, in which year/years?			
In which country/countries?			
Are you interested in being a team leader?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>PLEASE 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.</i>			

Name of Applicant: _____

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SCHOOL INFORMATION

Current 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:		
Last day of the 2019-20 school year:			
Latest date by which you must arrive home following the PO assignment:			
First day of the 2020-21 school year:			

TEACHING BACKGROUND *(Beginning with most recent)*

SCHOOL AND LOCATION	POSITION	GRADES TAUGHT	SUBJECTS TAUGHT	DATES (YEAR)

Name of Applicant: _____

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ACADEMIC BACKGROUND *(Beginning with most recent)*

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

PROFESSIONAL DEVELOPMENT *(Beginning with most recent)*

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

OTHER RELEVANT EXPERIENCE *(Paid or volunteer)*

ORGANIZATION	POSITION	LOCATION	DATES (YEAR) FROM - TO

Name of Applicant: _____

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SUBJECT PREFERENCES

Which subjects are you confident to facilitate professional development workshops for teachers with varying degrees of qualifications? Indicate the level(s) and the language(s) of instruction.

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

LANGUAGES

FIRST LANGUAGE								
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other (specify):						
LANGUAGE IN WHICH YOU HAVE COMPLETED YOUR STUDIES								
Secondary Level:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other (specify):					
Post-secondary:	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other (specify):					
LANGUAGE IN WHICH YOU CAN COMPETENTLY TEACH								
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other (specify):						
LEVEL OF LINGUISTIC ABILITY <i>(Please indicate appropriate choice for each category)</i>								
	ENGLISH				FRENCH			
	1 Poor	2 Fair	3 Good	4 Excellent	1 Poor	2 Fair	3 Good	4 Excellent
Listening								
Speaking								
Reading								
Writing								

Name of Applicant: _____

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EXPERIENCE IN ORGANIZATIONS

Outline your involvement within the Elementary Teachers' Federation of Ontario (ETFO):

How does your involvement with ETFO prepare you to participate in PO?

Volunteer, not-for-profit or community-based organizations:

Name of Applicant: _____

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EXPERIENCE WITH DEVELOPMENT CO-OPERATION AND INTERNATIONAL/INTERCULTURAL PROJECTS/

Have you ever participated in international development or overseas co-operation programs?			
OVERSEAS	Country/Countries	Date(s)	Nature of program(s)
CANADA	Location(s)	Date(s)	Nature of program(s)
List any relevant international and/or intercultural experiences which have enhanced your understanding of cultural competency?			
	Location(s)	Date(s)	Duration

RECREATION AND HOBBIES

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

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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 TO THE FOLLOWING:

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

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

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

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

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

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

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.

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

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

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

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HEALTH FORM

PLEASE NOTE: You must disclose any health concerns or conditions which may affect your capacity to participate in Project Overseas.

How do you assess your physical health?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
If other than "Excellent", please give details:			
How do you assess your mental health?	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair
If other than "Excellent", please give details:			
Do you have any conditions that may require accommodations?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify:			
Do you have any allergies and/or dietary restrictions?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify:			
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.)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify:			

Name of Applicant: _____

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REFERENCES

Please provide the names and contact information of three people who can serve as references:	
#1. Name: <i>(Present principal or superintendent)*</i>	
Email address	
Phone number:	
#2. Name: <i>(Executive of your teacher organization)</i>	
Email address	
Phone number:	
#3. Name: <i>(Colleague – if possible, a colleague with PO experience)</i>	
Email address	
Phone number:	

*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: _____



APPLICATION ACKNOWLEDGEMENT

ACKNOWLEDGEMENT

As a Project Overseas (PO) applicant:

INITIALS

1. I confirm that I will have taught in Canada for five (5) 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. _____

Name of Applicant: _____

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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: _____

Name of Applicant: _____