

Elementary Teachers' Federation of Ontario Fédération des enseignantes et des enseignants de l'élémentaire de l'Ontario 136 Isabella St Toronto ON M4Y 0B5

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APPLICATION FOR HEALTHY MASCULINITIES TEACHER WORKSHOP 2021-2022

Important information about applying to the Healthy Masculinities Incentive Fund.

In applying for these funds, I am acknowledging my obligation to ensure that there is no conflict of interest involved. A conflict of interest arises when there is a divergence between the private interests of a member and the member's obligations to the Federation.

If you have a question about a potential conflict of interest, please contact the General Secretary for assistance. Local: Proposed date for the event: Number of participants expected to attend: Name and contact information for the organizer of the event: Name of Local President: Fax: ()_____ Phone: ()_____ Email: Local President's Signature Is this your first Teachers' Workshop? No If No, when was the last time you hosted a Teachers' Workshop? _____ What is your rationale for hosting a teachers' workshop?

Teachers' workshops in 2021-2020 will focus on the following themes:

- Gender-Based Violence, Gender Equality and Allyship
- Fostering healthy digital relationships
- Empowering Educators to prevent sexual violence within their school communities
 Gender and Sports Culture

Please indicate which theme would you like to the teachers' workshop to focus on. What knowledge or skills would you like members to gain?	
Will your local be able to provide funding o please elaborate.	r in-kind support for this conference? If yes,
Please provide any factors that need to be	considered when granting this incentive
•	a remote area, geographical size of the board
Please provide any additional information a school board that would be helpful in the d Workshop.	about your community, membership or other evelopment and delivery of the Teachers'
Please email your application to pbhardwa	j@etfo.org or fax to (416) 928-5333
APPLICATION: APPROVED DENIED	FOR PROVINCIAL OFFICE USE ONLY
Amount: \$	Budget Line:
Date:	Authorized: