



Elementary Teachers' Federation of Ontario (ETFO)
Fédération des enseignantes et des enseignants de l'élémentaire de l'Ontario (FEEO)
136 Isabella Street
Toronto ON M4Y 0B5
Telephone: 416-962-3836 Toll-free: 1-888-838-3836
Fax: 416-642-2424
etfo.ca

Dear ETFO Member:

Re: Project Overseas 2021 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](#) and review the entire application form prior to completing it.

A completed application package includes the following:

- ETFO application form with all questions answered;
- Two letters of support:
 - a letter of support/recommendation from a teaching partner, a resource teacher, a current or former principal, a curriculum leader or a superintendent who knows you well as an educator; and
 - a letter highlighting your federation involvement from your local president or a local executive member.
- A completed *Health Form* (p. 10 of this application 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 by the Canadian Teachers' Federation); and
- A completed checklist with each item initialed (p. 11 of this application form).

Please allow yourself enough time to obtain your letters of support and thoroughly complete your application form. Application forms must be received no later than 5 p.m. on Friday, October 23, 2020.

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 Elementary Teachers' Federation of Ontario, thank you for your interest in representing us abroad.

Sincerely,

Punita Bhardwaj
Executive Staff, Equity and Women's Services

APPLICATION

SECTION A

PERSONAL INFORMATION

Name as it appears in Canadian passport: <i>(Underline your preferred name)</i>		
PLEASE NOTE: It is not necessary to submit a copy of your passport with this application. However, a request for a copy of your passport will be made by the Canadian Teachers' Federation if you are selected to participate in Project Overseas.		
Date of birth:		
Home address:	City:	Postal Code:
Name of, and distance (km) from, the nearest airport:		
Phone number(s):		
E-mail 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> <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"/> Two-spirit, lesbian, gay, bisexual, transgender, queer or questioning (2SLGBTQ+) <input type="checkbox"/> Racialized Group </p> <p>If you identify as Racialized, please specify (e.g. Black, East Asian, Mixed Race):</p> <hr/>		

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 2020-21 school year:	
Latest date by which you must arrive home following the PO assignment:	
First day of the 2021-22 school year:	

CTF/FCE PROJECT OVERSEAS (PO) EXPERIENCE

Have you ever been a participant in PO? Yes No

If yes, in which year/years? _____

In which country/countries? _____

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 (YEARS) FROM – TO

ACADEMIC BACKGROUND *(Beginning with most recent)*

INSTITUTION AND LOCATION	DEGREE/PROGRAM	DATES (YEARS) FROM – TO

PROFESSIONAL DEVELOPMENT *(Beginning with most recent)*

INSTITUTION AND LOCATION	DEGREE/PROGRAM	DATES (YEARS) FROM – TO

OTHER RELEVANT EXPERIENCE *(Paid or volunteer)*

ORGANIZATION	POSITION	LOCATION	DATES (YEARS) 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

English French Other (specify) _____

NOTE: 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.**

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 *(Please answer the following questions in 300 words or less.)*

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:

--

EXPERIENCE WITH DEVELOPMENT COOPERATION AND INTERNATIONAL/INTERCULTURAL PROJECTS *(Please answer the following questions in 300 words or less.)*

Have you ever participated in international development or overseas co-operation programs?			
O V E R S E A S	Country/Countries	Date(s)	Nature of program(s)
C A N A D A	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

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?

RECREATION AND HOBBIES Please respond briefly (250 words or less.)

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

HEALTH FORM

How do you assess your physical health? Excellent: Good Fair Poor

If other than "excellent", give details:

How do you assess your mental health? Excellent: Good Fair Poor

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:

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:

*(Teaching partner, resource teacher, current or former principal, curriculum leader or superintendent) **

Email: _____

Phone: _____

2. Name:

(Local President or Local Executive Staff)

Email: _____

Phone: _____

3. Name:

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

Email: _____

Phone: _____

* If retired, add the name and address of a reference with updated information about your educational involvement.

PROJECT OVERSEAS 2021
Teachers' Action for Teaching

ACKNOWLEDGEMENT

- | | Initials |
|--|-----------------|
| As a PO applicant: | |
| 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 ETFO. | _____ |
| 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 the ETFO and 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 ETFO and CTF/FCE for the sole purpose of my involvement in PO. | _____ |

Signature: _____ Date: _____

Name of applicant: _____