



ETFO Heart and Art Blog Writer Application Form

Name: _____

ETFO Number: _____ (*this is not the same as your OCT number)

Personal Email: _____

Mailing Address: _____

Street City Postal

Home Phone: _____ **Mobile Phone:** _____

School Name: _____

School Address: _____

Street City Postal

School Phone: _____ **School Fax:** _____

Local: _____

What is your ETFO status?

Designate d Early Childhood Educator
 Education Support Personnel
 Professional Support Personnel
 Occasional Teacher
 Teacher

APPLICATION PACKAGE DUE: Thursday, October 29, 2020, at 12:00 p.m.

Successful applicants will be notified by email for an interview time.

Phone interviews will be held on Friday, October 30, 2020.

Member Self-identification

Member self-identification allows the union 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. 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.

Please indicate which of the following apply to you:

First Nations, Métis, Inuit
 Person with a Disability
 Racialized person
 Two-spirit, gay, bisexual, transgender, queer or questioning (2SLGBTQ+)
 Woman

For further information, and to email your application, please contact:

Leah Kearney, Executive Assistant, Professional Learning/Curriculum Services

Email: lkearney@etfo.org

