



## RAINBOW VISIONS AWARD APPLICATION

(open to non-ETFO Members)

The **Rainbow Visions Award** recognizes members or non-ETFO members who develop materials and/or incorporate practices which work toward the inclusion of lesbian, gay, bisexual, transgender, queer or questioning realities. The recipient shall receive \$500 and a certificate of recognition from the President. ETFO may grant one award each year.

### CRITERIA

The **Rainbow Visions Award** may be granted to an active member or a group of members of ETFO in good standing or to an individual or group of individuals who do not hold ETFO membership based on the following criteria:

- a) the award may be given for work completed, for projects to be undertaken or ongoing practices being implemented;
- b) successful candidates who have developed materials are required to provide one copy of the completed work to ETFO upon completion; and
- c) this award is not designed to cover expenses that should rightfully be the district school board's responsibility nor is it designed to be used for a project that is a part of the teacher's personal advancement such as research for degree work.

**Preference will be given to those who have not previously received this award.**

Materials submitted to the Awards Committee in support of an application become the property of the Awards Committee and will not be returned.

### PROCEDURES

Completed applications must include signature of Local President. The application must be received by ETFO no later than **February 1, 2022**. Completed applications may be emailed as an attachment to [awards@etfo.org](mailto:awards@etfo.org) or mailed to: **ETFO Awards Committee, 136 Isabella Street, Toronto ON M4Y 0B5**.

Please contact Nadine Moore at [nmoore@etfo.org](mailto:nmoore@etfo.org) if you have not received email confirmation within three days.

1. Applications are processed by the ETFO Awards Committee. The committee's recommendations are taken forward to the ETFO Executive for consideration. You can expect to hear regarding the disposition of the award after **June 1, 2022**.
2. ETFO reserves the right to share materials with members on a cost recovery basis.
3. ETFO will not accept incomplete applications.
4. Applicants may only apply for one ETFO award in any given year. Applying for more than one category results in disqualification.

**DEADLINE: FEBRUARY 1, 2022**



## RAINBOW VISIONS AWARD APPLICATION

If more than one member is involved, attach the group application form and have the contact person complete this page. Ensure that all ETFO members are given a copy of the group application form in order that they may submit self-identification information confidentially.

LAST NAME		FIRST NAME	
DATE OF BIRTH (M/D/YYYY)	ETFO MEMBERSHIP #	OCT/CECE MEMBERSHIP #	
STREET		CITY	POSTAL CODE
TELEPHONE		EMAIL	
LOCAL		SELECT TYPE OF LOCAL (Teacher, OT, DECE, PSP, ESP)	
YEARS EMPLOYED BY A SCHOOL BOARD	SCHOOL NAME	SCHOOL TELEPHONE	
LOCAL PRESIDENT		LOCAL PRESIDENT SIGNATURE	
Have you previously applied for this ETFO award? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, in what year? _____ Have you ever received another ETFO award? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, in what year? _____ Name of ETFO award _____			
<b>STATEMENT BY APPLICANT</b>			
I have read the Criteria and Procedures of this award and if chosen as the successful candidate, agree to abide by them. To the best of my knowledge, all information on this application form is correct.  By signing this document, I consent to my name being published in ETFO publications and being included in ETFO media releases. I further consent that my contact information may be provided to local media upon request and for no other purpose.			
DATE		SIGNATURE	



## RAINBOW VISIONS AWARD APPLICATION

Title of Work \_\_\_\_\_

Please describe the following:

- 1) Outline the materials/initiatives developed or being developed and indicate how the material(s) work toward the inclusion of lesbian, gay, bisexual, transgender, queer or questioning realities.
- 2) If the project is completed, include materials/photos that demonstrate how this project met the above goals.
- 3) If the project is in the planning stages, please include a sample of what the project will look like upon completion.



## RAINBOW VISIONS AWARD APPLICATION

Please include the following (if this is a group submission, please include one for each person):

a) **FEDERATION INVOLVEMENT** (local, regional, provincial and/or national levels – include years) for each member if this is a group application; and

b) Please describe your involvement with LGBTQ issues.

### CONFIDENTIAL PERSONAL INFORMATION

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. 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.

#### Self-identification:

First Nations  Métis  Inuit  person with a disability  lesbian, gay, bisexual, transgender, queer or questioning   
racialized group  woman

What term describes your gender? \_\_\_\_\_



## RAINBOW VISIONS AWARD GROUP APPLICATION

### GROUP CONTACT PERSON

LAST NAME	FIRST NAME
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*Make sure the following information is provided for all teachers involved in the project. All members are invited to complete the Confidential Personal Information below.*

LAST NAME	FIRST NAME	SCHOOL NAME	ETFO MEMBER #	OCT/CECE MEMBER #	SIGNATURE

*By signing above, I consent to my name being published in ETFO publications and being included in ETFO media releases. I further consent that my contact information may be provided to local media upon request and for no other purpose.*

### CONFIDENTIAL PERSONAL INFORMATION

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**Self-identification:**

First Nations  Métis  Inuit  person with a disability  lesbian, gay, bisexual, transgender, queer or questioning   
 racialized group  woman

What term describes your gender? \_\_\_\_\_

This form may be attached to the application or individuals may send confidentially to [awards@etfo.org](mailto:awards@etfo.org).