

APPLICATION FOR INTERNATIONAL EDUCATOR EXCHANGE

Before completing this application form, read all information/instructions carefully. Be sure the form is complete with accurate information.

Name: (Mr.) (Miss) (Ms.) (Mrs.)		Photograph
Home Mailing Address:		
City, Province	Postal Code	
Area Code - Home Telephone Number	Area Code - Fax Number	
Date of Birth Year Month Day	City and Country of Birth	
Present Citizenship	Social Insurance Number	

Country for which you are applying. Only one choice can be dealt with at a time but other choices may be considered if first choice is not available.

- | | |
|--|---|
| <input type="checkbox"/> FEDERAL REPUBLIC OF GERMANY | <input type="checkbox"/> UNITED STATES |
| <input type="checkbox"/> INTER-PROVINCIAL | <input type="checkbox"/> UNITED KINGDOM |
| <input type="checkbox"/> AUSTRALIA <i>(For Australia, please indicate order of preference if applicable)</i> | |

Preferred Overseas Appointment (use number to indicate preference where applicable)

STATE (Australia only)	LOCATION	TYPE OF SCHOOL	TEACHING POSITION
South Australia _____	Metropolitan area _____	Primary _____	Classroom Teacher _____
Victoria _____	Provincial City _____	Post Primary _____	Other _____
Tasmania _____	Country Town _____	Special _____	_____
New South Wales _____			
Queensland _____			
A.C.T. _____			

Are you prepared to consider exchange to any community in this country?

- Yes No Indicate area/s where a proposed match would not be considered

FAMILY MEMBERS (accompanying educator)

NAME	RELATIONSHIP	DATE OF BIRTH	TOWN AND COUNTRY OF BIRTH

DEADLINE DATE: To be completed and returned to: Manitoba Teacher Exchange, Box 700, Russell, Manitoba, R0J 1W0 no later than November 30, (current year).

Language Fluency-Excluding Australia (To be completed by second language teachers, particularly if applying for exchange in the Federal Republic of Germany). Fluency is to be self-rated by a numerical scale 0 (none) 5 (fluently bilingual).

	Understanding	Speaking	Reading	Writing	Overall
French					
German					
Other (please specify)					

Professional Details

TEACHING CERTIFICATES (Permanent Certificate Required)			
Type of Certificate	Subject/Level	Issuing Authority	Date of completion/number

PROFESSIONAL DEGREES AND DIPLOMAS (List in reverse chronological order-most recent listed first.)

Name & location of institution	Dates attended		Degree/Diploma		Major Subjects
	From	To	Type	Date	

TEACHING AND ADMINISTRATIVE EXPERIENCE (List in chronological order beginning with present position).

Dates		Position Title	Employing Board	Grades	Subjects taught
From	To				

FORMAL YEARS OF TEACHING EXPERIENCE (AS OF JULY 1, 20__)

MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS (PLEASE, NO ABBREVIATIONS)

Have you ever applied for an exchange before?	YES/NO
If yes give year and location for which applied.	_____
If you have previously been on exchange give year and location	_____

SCHOOL/ASSIGNMENT DETAILS

DETAILS OF PRESENT SCHOOL		
Type of School (elementary, secondary, or any specific type of school)		Number of pupils/teachers
Beginning of School year (date)	Ending of school year (date)	Distance between your accommodation and school: _____ km.
Size and type of community in which the school is located, distance from other towns, points of interest, etc.		

TEACHING ASSIGNMENT			
Presently Teaching	Grade/Year Level	Subjects	Age Range of Pupils
Willing to Teach			
Qualified to Teach			

<p>ASSIGNMENT FOR INCOMING EXCHANGE TEACHER (also complete chart next page)</p> <p>(After consultation with your principal or other responsible supervisory official, please indicate what the incoming exchange educator will be required to teach:)</p> <p>(A) Present Assignment YES <input type="checkbox"/> NO <input type="checkbox"/> or</p> <p>(B) Alternative assignment (Details below):</p>
<p>Other – Any other duties the incoming teacher will be expected to assume (include curricular and extra-curricular):</p>

PRESENT TIMETABLE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M.					

LUNCH

P.M.					

EXTRA-CURRICULAR ACTIVITIES

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ACCOMMODATION AND FACILITIES

ACCOMMODATION AND FACILITIES

A. As a condition of the exchange, I hereby agree to exchange accommodation or to make suitable furnished and appropriate housing arrangements for my exchanges (and family).
Do any special conditions apply to the use of your accommodation by the visiting educator? (Give details)

B. Type of accommodation (ATTACH FLOOR PLAN):

Detached house Apartment Other (Specify)

C. Description of accommodation:

Owned Rented Shared

If shared, please give details of arrangements, which will be offered.

D. What insurance coverage do you have on house and contents?

Will your house insurance be valid when the visiting educator occupies your house?

YES NO

(If no, what steps will you take?) (Brief details.)

MEDICAL INFORMATION

A. Do you or any accompanying family members suffer from any physical disability and/or allergy? **YES** **NO**
If yes, give details:

B. Are you or any of your dependents receiving medical treatment? **YES** **NO**
If yes, give details:

C. Do any members of your family smoke? **YES** **NO**

D. Enclose the attached Medical Certificate duly completed and signed by a medical practitioner indicating that you and your accompanying dependents are in good health.

SCHOOL STAFF MEMBER(S) WHO WILL ASSIST YOUR EXCHANGE PARTNER:

APPLICANTS DECLARATION:

If granted an exchange, I _____ (name of applicant)

- A. Agree to teach in the exchange position for the full school year or the exchange period of the hosting school authority.
- B. Agree to return to my current position or to a comparable position at the end of the exchange period unless alternative arrangements have been made with the officials of my Board in writing.
- C. Agree to abide by the conditions of employment and the requirements of my host school/authority.
- D. Agree to exchange accommodation or make suitable arrangements for my exchange partner.

Signature: _____ Witness: _____ (Principal or other)

Date: _____ Date: _____

RECOMMENDATION OF PRINCIPAL OR SUPERVISORY OFFICIAL:

As Principal of the _____ (School), I _____ (Principal)

- a) Endorse the application of this educator and attest to the suitability of this candidate for educator exchange;
- b) Agree to accept on the school staff a suitable exchange educator as a replacement for this applicant for the exchange year;
- c) I also confirm that I have read and discussed with the applicant the assignment for the incoming teacher;
- d) Agree to provide such assistance as required by both exchange teachers.
- e) Enclose letter of recommendation on applicant.**

Principal's or

Supervisor's

Signature: _____ Date: _____ Name/Title: _____

CERTIFICATE OF SCHOOL BOARD:

On behalf of the Board of Education for _____, I: _____
(Name and No. of school jurisdiction)

- a) endorse the application of this educator and attest to the suitability of this candidate for educator exchange;
- b) agree to accept an exchange educator, subject to future ratification of his/her suitability, as a replacement for this applicant for the exchange year;
- c) agree to provide this applicant with the same or an equivalent teaching position on his/her return.

Signature: _____ Date: _____ Position: _____

Signature of Provincial Exchange Officer: _____ Date: _____

Please complete the following and return with your application.

NAME

ADDRESS

PHONE

FAX

EMAIL

SCHOOL

ADDRESS

PRINCIPAL

PHONE

FAX

DIVISION

ADDRESS

SUPERINTENDENT

PHONE

FAX

TEACHER EXCHANGE PLAN MEDICAL CERTIFICATE

All applicants for an exchange appointment are required to obtain a certificate by a registered medical practitioner.

Note: - The doctor is asked to take into consideration the fact that the applicant expects to spend a year outside the province and will be working under new conditions, and in a different climate.

MEDICAL CERTIFICATE

Date _____

Name _____

Address _____

I certify that _____ whom I have know professionally for _____ years has been examined by me and found to be in good health and from any physical defect, organic or nervous ailment or after-effects thereof likely, in my opinion, to impair mental and physical activity as a teacher on exchange. To the best of my knowledge this candidate has not suffered during the past ten years from any mental or nervous disorder and is free from signs of tuberculosis or other infectious disease.*

Dependent(s) * _____

Signed _____

Professional Qualifications _____

*If you should think it necessary to explain or qualify any of the statements in this certificate please add and sign your comments below.

*Please list any information you may have on any dependants that relate to the above statement.

Remarks:

Note: - This medical certificate should be mailed to:

Teacher Exchange Co-ordinator,
Manitoba Teacher Exchange Program,
Box 700
Russell MB R0J 1W0



CONFIDENTIAL

Protection of Children - Disclosure of Criminal Background

As a result of legislative changes in the United Kingdom regarding Protection of Children - Disclosure of Criminal Background, all British teachers must now answer questions regarding any criminal background when applying for posts in that country.

All Local Education Authorities (school boards) now require the League for the Exchange of Commonwealth Teachers to secure information from applicants for exchange from abroad.

This information will be treated as “confidential”, and will be kept on file and only released to your British Employing Authority on a written request. If such a request is received, you will be notified in writing as well.

1. Name

2. United Kingdom Address (if known):

3. United Kingdom Employing Authority (if known):

4. Manitoba School Board:

(a) Name

(b) Address

© Contact Person

5. Have you ever been convicted of any criminal offence: YES/NO

6. Are any proceedings pending against you? YES/NO

If the answer to 5 or 6 is Yes, please give full details below:

7. Should your employing United Kingdom Local Authority require doing so, do you agree to their contacting your School Board to make further checks?

YES/NO

SIGNED _____

Name _____

Date _____

REFERENCES FOR APPLICANT FOR EDUCATOR EXCHANGE PROGRAM

Your principal and a professional colleague should complete these references (2).

IMPORTANT: The success of this program depends upon the selection of educators whose professional qualifications and personal traits give promise of outstanding success.

<p>1. REFEREE - Forward completed reference under confidential cover to:</p> <p style="text-align: center;">Teacher Exchange Co-ordinator Manitoba Teacher Exchange Program Box 700 Russell MB R0J 1W0</p>	<p>2. Name and address of applicant (PLEASE PRINT)</p>
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3. Please check the appropriate box re applicant's (a) professional qualifications and (b) personal traits for each question below.

PROFESSIONAL QUALIFICATIONS	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO COMMENT
Knowledge of subject field					
Effectiveness with students of diverse levels of preparation					
Ability to work with colleagues, including those with divergent views					
Adherence to established administrative policies and procedures					
PERSONAL TRAITS:					
Adaptability to change in living and working conditions					
Resourcefulness					
Self-reliance					
Initiative					
Diplomacy Skills					

4. Additional comments on the applicant's competence, experience, accomplishments, and personal qualities. Indicate also any limitations. Please indicate how long you have known the applicant.

5. Reference's name and title:	6. Telephone number:
7. Signature:	8. Date:

While you are not required to respond, your co-operation is requested for the applicant to be eligible for consideration.

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VISA OR MASTERCARD SERVICE REQUEST FORM

If you wish to use your Visa or MasterCard for method of payment, this form must be completed and accompany request.

PROFESSIONAL CERTIFICATION UNIT

TYPE OF SERVICE	FEE AMOUNT	QUANTITY	TOTAL
Teacher Exchange Processing Fee	50.00		
TOTAL			

Method of Payment

Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>																				
Card Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Cardholder Name	Expiry Date																				
Signature																					

For Office Use Only:	
Authorization Number:	
Name:	Receipt Number