A. Applicant Details

Surname	First name	
District	BU	
Phone	Email	
Address		

B. Application Details

Please indicate if you wis	sh to be recognized in the follo	owing catego	pries
In English, I am comfort	able:		
🔽 Reading 🛛 🔽 Speaking	g 🔽 Writing		
In French, I am comforta	able:		
🗌 Reading 🔲 Speaking	g 🔲 Writing		
Additional Comments			
* Committee/Council for whic	h you are applying		
* Indicate the OSSTF/FEES recommendation form on		ng who will	be submitting a Confidential
Name		Email	
An application is not conside submitted a recommendation	red complete until a OSSTF/Fl n for the candidate.	EESO Membe	er in good standing has
C: Additional Applic	ation Details		

Please use this section to add additional details to your application.

How will the Committee/Council benefit from your participation? (Please indicate strengths that you will bring to the Committee/Council based on the Statement of Needs)

SPECIALIZED KNOWLEDGE/EXTERNAL EXPERIENCE

School Year	Experience	Special Responsibilities (Be specific) Limit: 180 Characters

LOCAL OSSTF/FEESO

School Year	Experience	Special Responsibilities (Be specific) Limit: 180 Characters

PROVINCIAL OSSTF/FEESO

School Year	Experience	Special Responsibilities (Be specific) Limit: 180 Characters

I currently serve on this Committee/Council and my appointment type is	Term Appointment Co-option
I am <u>not</u> on this Committee/Council but have served on it previously	
I have never served on this Committee/Council	
I currently serve as a term appointment on another Committee/Council and my	term appointment will end by
I currently serve as a co-option appointment on another Committee/Counci	I

- Term Appointment Only
- C Co-Option Appointment Only
- C Either Term or Co-Option

* If appointed, I will continue to be an active member as defined in Bylaw 2 of the OSSTF/FEESO Constitution and Bylaws at the commencement of my term.

By submitting this application, I assert the information contained herein is accurate to the best of my knowledge and is a faithful representation of my skills, experience and abilities.

Please email a copy of your Application Form and blank Confidential Recommendation Form to the OSSTF/ FEESO Member in good standing of your choosing in order to complete the application process.

Equity Statement

The Ontario Secondary School Teachers' Federation (OSSTF/FEESO) is dedicated to equity, anti-racism and anti-oppression while protecting and enhancing public education. OSSTF/FEESO values the participation of members with various lived experiences. We actively seek and welcome applications from First Nations, Métis, Inuit and equity-seeking groups. Self-identification is voluntary.

Please complete the Voluntary Self-Identification Form and submit it with your application to Giovanna Papatheodorou at pcapplications-temp2022@osstf.ca

You are not required to share your completed Voluntary Self-Identification Form with the OSSTF/FEESO Member in good standing completing your Confidential recommendation form.

To facilitate processing applications, both the application and the Confidential Recommendation Forms must be received by the Provincial Office by MARCH 1, 2023.

Applications received after March 1, 2023 will be considered for co-option, but will only be considered for appointment if there are insufficient on-time applications on file at Provincial Office.