**APPLICATION FORM**

**International Collaboration
for Education** 2025

**PLEASE COMPLETE AND RETURN TO:**

**The Manitoba Teachers’ Society**

***Simon Normandeau, Staff Officer***

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**Fax: 204-831-0877 / (toll-free) 1-800-665-0584**

**E-mail:** **snormandeau@mbteach.org**

**DEADLINE FOR RECEIPT OF APPLICATION FORM IS FRIDAY, NOVEMBER 1, 2024**

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| --- |
| Name as it appears in Canadian passport: Click or tap here to enter text*(Underline your preferred name)* |
| Date of birth: Click or tap on arrow to select date |
| Home address: City: Prov./Terr.: Postal code:  |
| Your Member Organization: Click or tap here to enter text |
| Name of, and distance (km) from, the nearest airport: Click or tap here to enter text |
| Preferred phone number: Click or tap here to enter text | Alternate phone number: Click or tap here to enter text |
| Preferred email address: Click or tap here to enter text | Alternate email address: Click or tap here to enter text |
| Present position: Click or tap here to enter text | If retired, please state month/year of retirement:Click or tap here to enter text |
| School name: Click or tap here to enter text | School board: Click or tap here to enter text |
| School address: Click or tap here to enter text | School board address: Click or tap here to enter text |
| School phone number: Click or tap here to enter text | School board phone number: Click or tap here to enter text |
| Principal’s full name: Click or tap here to enter text | Superintendent’s full name: Click or tap here to enter text |
| Principal’s email address: Click or tap here to enter text | Superintendent’s email address: Click or tap here to enter text |

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| Date of last day of the 2024-25 school year: Click or tap on arrow to select date |
| Latest date by which you must arrive home following the project: Click or tap on arrow to select date |

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| **Please attach a photocopy of pages 2-3 of your Canadian passport to this form or provide proof of your passport application.** |

**EXPERIENCE IN CTF/FCE PROJECT OVERSEAS (PO) – RENAMED INTERNATIONAL COLLABORATION FOR EDUCATION (ICE)**

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| Have you previously participated in PO? Yes [ ]  No [ ]  |
| If yes, in which year(s)? Click or tap here to enter text |
| In which country(ies)? Click or tap here to enter text |

**TEACHING BACKGROUND** (Beginning with most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| **School and location** | **Position** | **Grades taught** | **When**From – to |
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**ACADEMIC BACKGROUND AND PROFESSIONAL LEARNING (Beginning with most recent)**

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| **Institution / University and location** | **Degree / Program** | **When****From – to** |
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**TOPICS OF INTEREST / COMPETENCE**

As we are intentionally moving away from subject-specific areas of instruction, we ask that you list NOT the subjects you feel comfortable teaching, but INSTEAD those over-arching educational topics you could address which would be relevant at any grade level and in any curriculum area. These might include, but are not limited to: instructional leadership, child-centred pedagogy, discipline with dignity, assessment for/of/as learning, counselling, social justice, inclusion, etc.

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| Click or tap here to enter text |

**LANGUAGES**

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| **First language** English [ ]  French [ ]  Other (specify): Click or tap here to enter text |
| [ ] **f you have fluent French skills, would you be willing to accept a placement in a Francophone country, and would you be comfortable working in French?** Yes [ ]  No [ ] ***If yes, please respond to at least three questions (of your choice) in section A or B en français.***  |

**OUTLINE YOUR INVOLVEMENT IN YOUR TEACHER ORGANIZATION / UNION**

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| Click or tap here to enter text |

**OTHER RELEVANT EXPERIENCE (e.g., Development cooperation, intercultural projects, volunteerism). PLEASE LIST AND DESCRIBE EACH EXPERIENCE.**

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| Click or tap here to enter text |

**HEALTH**

**The International Collaboration for Education (ICE) project can be a very demanding experience and may require physical stamina and mental resilience. Therefore, it is important for you to assess and be cognizant of your own level of preparedness.**

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| **How do you assess your physical health?** Excellent[ ]  Good[ ]  Fair[ ]  Poor[ ]  |
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| If other than "excellent", please give details: Click or tap here to enter text |
| **How do you assess your mental health?** Excellent[ ]  Good[ ]  Fair[ ]  Poor[ ]  |
| If other than "excellent", please give details: Click or tap here to enter text |
| **Do you require any type of accommodation to participate in the ICE project?** Yes[ ] No[ ]  |
| If yes, please specify: Click or tap here to enter text |
| **Do you have any allergies and/or dietary restrictions?** Yes[ ] No[ ]  |
| If yes, please specify: Click or tap here to enter text |

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**SECTION A**

**PLEASE RESPOND TO THESE QUESTIONS IF YOU HAVE NEVER PARTICIPATED IN CTF/FCE PROJECT OVERSEAS (PO), RENAMED INTERNATIONAL COLLABORATION FOR EDUCATION (ICE):**

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| **Why do you wish to participate in ICE (formerly PO)?** |
| Click or tap here to enter text |
| **What comes to mind when you think about ICE?** |
| Click or tap here to enter text |
| **What skills, attitudes, and experiences do you have that make you a suitable candidate for ICE?** |
| Click or tap here to enter text |
| **What do you hope to gain from ICE experience, both personally and professionally?** |
| Click or tap here to enter text |
| **What is most important for you to share about Canada? What would you most hope to learn about your host country?** |
| Click or tap here to enter text |
| **Should you be selected, identify what you think might be a significant personal challenge for you. How might you handle it?** |
| Click or tap here to enter text |
| **Please explain why you believe it is important to always keep in mind power, privilege, and solidarity when working with international partners.** |
| Click or tap here to enter text |
| **Should you be successful, you will be placed on a team. How will you contribute to a positive team dynamic?** |
| Click or tap here to enter text |
| **Please share with us anything else you feel is relevant and important to this application.** |
| Click or tap here to enter text |

**SECTION B**

**PLEASE RESPOND TO THESE QUESTIONS *IF YOU HAVE ALREADY PARTICIPATED* IN AT LEAST ONE CTF/FCE PO PROJECT, RENAMED INTERNATIONAL COLLABORATION FOR EDUCATION (ICE):**

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| **Why do you wish to participate in ICE (formerly PO) this year?** |
| Click or tap here to enter text |
| **Using a concrete example, please explain how your most recent project experience has changed or influenced your understanding of power, privilege, and/or solidarity.** |
| Click or tap here to enter text |
| **How might your past *PO* experience change your approach to ICE this time?** |
| Click or tap here to enter text |
| **Recalling your past *PO* experience, what did you gain personally and professionally?** |
| Click or tap here to enter text |
| **What is most important for you to share about Canada? What would you most hope to learn about your host country?** |
| Click or tap here to enter text |
| **If selected, identify what you think might be a significant personal challenge for you. How might you handle it?** |
| Click or tap here to enter text |
| **Relate a past *PO* experience which demonstrates your ability to work professionally with other team members, co-facilitators and others.** |
| Click or tap here to enter text |
| **Recall a situation from a past *PO* experience which may or may not have involved you. Describe what happened, and whether or not you agree with how things were handled.** |
| Click or tap here to enter text |
| **Please share with us anything else you feel is relevant and important to this application.** |
| Click or tap here to enter text |

**IF YOU WISH TO BE CONSIDERED AS A TEAM LEADER, PLEASE COMPLETE SECTION C.**

**SECTION C**

**YOU MUST COMPLETE THESE QUESTIONS IF YOU ARE INTERESTED IN BEING A TEAM LEADER.**

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| **Why do you wish to be a team leader for the International Cooperation for Education (ICE) project (formerly Project Overseas)?** |
| Click or tap here to enter text |
| **What do you believe are the top two (2) responsibilities of a team leader?** |
| Click or tap here to enter text |
| **Why do you think you are well suited to be a team leader?** |
| Click or tap here to enter text |
| **What might you do as a team leader to promote positive personal and professional experiences for your team members?** |
| Click or tap here to enter text |
| **How will you foster respectful intercultural exchange?** |
| Click or tap here to enter text |
| **As a team leader, what challenge might you face that you would not experience as a team member? How would you handle it?** |
| Click or tap here to enter text |
| **How will you foster effective relationships between your team members, union colleagues and others with whom you will work?** |
| Click or tap here to enter text |
| **Team dynamics can “make or break” a project experience. How will you cultivate positive team dynamics?** |
| Click or tap here to enter text |
| **As Team Leader, how might you monitor and guide your team members as they live and work in a country historically affected by (neo-)colonialism?** |
| Click or tap here to enter text |

**REFERENCES**

Please provide the names and contact information of three people who can serve as references:

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| 1 | **Name and relationship to you:**Click or tap here to enter text |
| Email: Click or tap here to enter text | Phone: Click or tap here to enter text |
| 2 | **Name and relationship to you:**Click or tap here to enter text |
| Email: Click or tap here to enter text | Phone: Click or tap here to enter text |
| 3 | **Name and relationship to you:**Click or tap here to enter text |
| Email: Click or tap here to enter text | Phone: Click or tap here to enter text |

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**ACKNOWLEDGEMENT**

As an applicant for International Collaboration for Education (ICE) (formerly Project Overseas [PO]):

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|[ ]  I confirm that I will have taught in Canada for five full years before the ICE assignment begins. |
|[ ]  I accept that I may be assigned to any country where the CTF/FCE has an ICE partnership, and that I cannot choose my placement or my team. |
|[ ]  I understand that, while the CTF/FCE makes every effort to assign successful applicants in accordance with their skills and experience, ICE participants may be assigned to co-plan and co-facilitate professional learning workshops on any theme/topic.  |
|[ ]  I understand that ICE participants are bound by local laws in the country of assignment as well as by codes of conduct of the CTF/FCE and of their own provincial/territorial teacher organizations, and by the CTF/FCE Policy on Protection from Sexual Exploitation and Abuse. |
|[ ]  I accept that, for budgetary and safety reasons, ICE participants may be expected to share accommodations, both in Canada and while on assignment overseas. I accept that ICE 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. |
|[ ]  I accept that ICE 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. |
|[ ]  I confirm and can provide proof of being vaccinated against COVID-19. |
|[ ]  I acknowledge and agree that the CTF/FCE’s insurer may refuse to cover medical costs related to any injuries sustained during the ICE assignment if they result from a high-risk physical activity. |
|[ ]  I have provided the personal information in this application form voluntarily to my provincial/territorial teacher organization and to the CTF/FCE for the purpose of applying as a participant in project ICE. I know that, if I am selected as a participant in ICE, the personal information in this application form will be kept on file at the CTF/FCE for the sole purpose of my involvement in ICE. |
|[ ]  I accept that family and friends are not permitted to accompany ICE participants during a project, including during the orientation in Ottawa. |

To confirm the above statements, please type your name in full at the signature line below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature:  |  |  | Date  |  |