



**FORM # 10APP - APPLICATION FORM FOR
LANGUAGE TUTOR FOR
DEPENDENT CHILDREN OF
CANADIAN FORCES OUTSIDE CANADA**

1. FORM MAY BE COMPLETED IN THE LANGUAGE OF YOUR CHOICE
2. PLEASE PRINT VERY CLEARLY
3. PLEASE BE SPECIFIC AND COMPLETE THE ENTIRE FORM

1. PERSONAL INFORMATION

SURNAME AND GIVEN NAMES:					
STREET					
CITY		PROV/ STATE		POSTAL / ZIP CODE:	
TELEPHONE CONTACT:		()		COUNTRY	
FAX		()		EMAIL ADDRESS:	

2. CURRENT EMPLOYMENT

EMPLOYER:
PRIMARY LANGUAGE IN WHICH YOU WISH TO INSTRUCTION / TEACH / TUTOR: <input type="checkbox"/> English <input type="checkbox"/> French

3. ACADEMIC AND PROFESSIONAL TRAINING

UNIVERSITY DEGREES	UNIVERSITIES /COLLEGE INFORMATION AND ADDRESSES	YEAR OBTAINED
_____	_____	_____
_____	_____	_____
_____	_____	_____
TEACHING CERTIFICATE	LOCATION WHERE VALID	
_____	_____	_____
_____	_____	_____
_____	_____	_____
TEACHING QUALIFICATION CARD AND OTHER SPECIAL CERTIFICATES	ISSUED BY (Please provide a copy)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. TEACHING EXPERIENCE

STATE THE TOTAL NUMBER OF YEARS OF FORMAL TEACHING EXPERIENCE	(FULL TIME)	YEARS
	(PART TIME)	YEARS
EXPERIENCE CHART - BEGIN WITH PRESENT TEACHING EMPLOYMENT / EXPERIENCE		
TEACHING / TUTORING EMPLOYMENT	YEARS (IN ORDER) TO	GRADES AND/OR SUBJECTS TAUGHT / TUTORED

5. LANGUAGES SPOKEN AND DEGREE OF FLUENCY

<p style="text-align: center;">PRIMARY LANGUAGE?</p> <p><input type="checkbox"/> ENGLISH</p> <p><input type="checkbox"/> FRANÇAIS</p>	<p>INDICATE YOUR LEVEL OF PROFICIENCY IN THE LANGUAGE OTHER THAN YOUR PRIMARY LANGUAGE AS INDICATED ACCORDING TO THE FOLLOWING SCALE:</p> <p>1 –NIL 2 –FAIR 3 – GOOD 4 – VERY GOOD 5 – EXCELLENT</p> <p>READ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>SPEAK <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>WRITE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>UNDERSTAND <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>OVERALL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p>
WOULD YOU BE WILLING TO TUTOR IN EITHER FRENCH OR ENGLISH?	<input type="checkbox"/> YES <input type="checkbox"/> NO

7. PROFESSIONAL INVOLVEMENT

LIST EXTRA-CURRICULAR PROFESSIONAL ACTIVITIES IN WHICH YOU HAVE PARTICIPATED OVER THE YEARS AS WELL AS ANY WORK EXPERIENCES WHICH YOU CONSIDER RELEVANT

8. PROFESSIONAL REFERENCES

NAME TWO PERSONS WHO MIGHT BE CONSULTED WITH RESPECT TO AN ASSESSMENT OF YOUR PROFESSIONAL PERFORMANCE

NAME	POSITION TITLE	EMPLOYER	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____

9. DECLARATION

SIGNATURE	DATE
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10. HOW TO APPLY

IMPORTANT: DOCUMENTATION TO BE RETURNED:

- 1. COMPLETED APPLICATION FORM**
- 2. RESUME**
- 3. PHOTOCOPY OF YOUR TEACHING CERTIFICATE PHOTOCOPY OF YOUR QUALIFICATION CARD (OR EQUIVALENT) AS APPLICABLE.**

FORMS MUST BE RECEIVED AT THE FOLLOWING APPLICABLE CANADIAN FORCES SUPPORT UNIT IN THE AREA IN WHICH YOU WISH TO TEACH:

**CANADIAN FORCES SUPPORT UNIT (EUROPE)
DEPENDENT EDUCATION SUPPORT CENTRE
Selfkant Kaserne
Quimperlestr. 100
Geilenkirchen, Germany
52511
Phone +49 (0)2451 717212
Fax +49 (0)2451 717251**

**CANADIAN FORCES SUPPORT UNIT (EUROPE)
DETACHMENT DAWS HILL
ATTENTION: EDUCATION ASSOCIATE
PO Box 5051, Station Forces
High Wycombe
Buckinghamshire, England
HP11 1UY
Phone +44(1494) 795667
Fax +44 (1494) 795678**

**CANADIAN FORCES SUPPORT UNIT (OTTAWA)
FOREIGN SERVICES SECTION
MGen George R. Pearkes Bldg
Ottawa ON K1A 0K2
CANADA
Phone 613-996-8395
Fax 613-995-1273**

**CANADIAN FORCES SUPPORT UNIT (COLORADO SPRINGS)
ATTENTION: EDUCATION ASSOCIATES
North American Aerospace Defence Command
Peterson Air Force Base, CO, USA,
80914-6508
Phone 719-556-8250
Fax 719-556-9038**

**CANADIAN DEFENCE LIAISON STAFF (WASHINGTON)
ATTENTION: EDUCATION ASSOCIATES
Canadian Defence Liaison Staff (Washington)
501 Pennsylvania Avenue
Washington, DC, USA, 20001
Phone 202-682-7696
Fax 202-682-7673**

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OUTSIDE CANADA APPROVING AUTHORITY:

SUPPORTING DOCUMENTATION IS COMPLETE.

VERIFIED AND RECOMMENDED BY APPROVING AUTHORITY: _____ DATE: _____

NDHQ APPROVAL BLOCK

DEM CASE #: _____

1. SUBMISSION IS HEREBY AUTHORIZED FOR _____ TO TUTOR IN THE _____ AREA AS A:

- TUTOR WITH VALID TEACHING CERTIFICATE; OR
- TUTOR WITHOUT A VALID TEACHING CERTIFICATE

2. TOTAL PAYABLE CANNOT EXCEED POST CEILING MAXIMUM FOR 50 HOURS PER STUDENT AT THE FOLLOWING HOURLY RATES:

- UP TO _____ FUNDS PER HOUR - VALID TEACHING CERTIFICATE AT RESIDENCE OF STUDENT
- UP TO _____ FUNDS PER HOUR - WITHOUT VALID TEACHING CERTIFICATE AT RESIDENCE OF STUDENT
- UP TO _____ FUNDS PER HOUR - VALID TEACHING CERTIFICATE AT RESIDENCE OF TUTOR
- UP TO _____ FUNDS PER HOUR - WITHOUT VALID TEACHING CERTIFICATE AT RESIDENCE OF TUTOR
- OTHER THAN ONE-ON-ONE TUTORING SESSION - REDUCE ABOVE RATES BY 40% PER STUDENT

DEPENDENT EDUCATION MANAGEMENT

NDHQ AUTHORITY SIGNATURE: _____

DATE: _____