

**OSAP 300.01.2– TEACHER SELECTION**

**APPLICATION FORM FOR  
TEACHER  / PRINCIPAL   
DND DEPENDANTS SCHOOLS OVERSEAS**

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

**1. PERSONAL INFORMATION**

<b>SURNAME AND GIVEN NAMES:</b>				
<b>STREET</b>				
<b>CITY</b>		<b>PROV</b>	<b>POSTAL CODE:</b>	
<b>TELEPHONE:</b>		<b>HOME</b>	(    )	<b>SCHOOL</b> (    )
<b>FAX</b>		(    )	<b>EMAIL ADDRESS:</b>	

**2. QUALIFICATIONS**

<b>PRESENT SCHOOL:</b>		<input type="checkbox"/> Elementary OR <input type="checkbox"/> Secondary
<b>PRIMARY LANGUAGE OF INSTRUCTION:</b>		<input type="checkbox"/> English <input type="checkbox"/> Français <input type="checkbox"/> Immersion

ELEMENTARY	SECONDARY
<input type="checkbox"/> KINDERGARTEN <input type="checkbox"/>	<input type="checkbox"/> MATHEMATICS (GR 7-12 / SEC I – V)
<input type="checkbox"/> GRADE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	<input type="checkbox"/> SCIENCES (GR 9-12) / SEC I – V
<input type="checkbox"/> GRADE 7 <input type="checkbox"/> 8 <input type="checkbox"/>	<input type="checkbox"/> QUALIFIED/EMPLOYED AS A GUIDANCE COUNSELLOR - SECONDARY
<input type="checkbox"/> MUSIC Elementary	<input type="checkbox"/> ENGLISH (GR 9-12) / SEC I – V
<input type="checkbox"/> THE ARTS Elementary	<input type="checkbox"/> SOCIAL SCIENCES AND THE HUMANITIES (GR 7 -12 / SEC I – V)
<input type="checkbox"/> HEALTH AND PHYSICAL EDUCATION Elementary	<input type="checkbox"/> TECHNOLOGICAL EDUCATION Secondary
	<input type="checkbox"/> DRAMA Secondary
<input type="checkbox"/> Elementary	<b>COMPUTER TECHNOLOGY</b> <input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	<b>FRENCH SECOND LANGUAGE</b> <input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	<b>FRENCH FIRST LANGUAGE</b> <input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	<b>SPECIAL EDUCATION</b> <input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	<b>ENGLISH SECOND LANGUAGE</b> <input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	<b>CURRICULUM DEVELOPMENT</b> <input type="checkbox"/> Secondary

<b>OTHER :</b>	
----------------	--

<b>FOR PRINCIPAL APPLICATION ONLY</b>	
<b>NUMBER OF YEARS AS A FULL-TIME PRINCIPAL:</b>	<b>YEARS</b>



# OSAP 300.01.2– TEACHER SELECTION

## 5. LANGUAGES SPOKEN AND DEGREE OF FLUENCY

<b>PRIMARY LANGUAGE?</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRANÇAIS	<b>INDICATE YOUR KNOWLEDGE OF THE OTHER OFFICIAL LANGUAGE BY CHECKING THE APPROPRIATE NUMBER ACCORDING TO THE FOLLOWING SCALE:</b> 1 – NIL      2 – FAIR      3 – GOOD      4 – VERY GOOD      5 – EXCELLENT	<input type="checkbox"/> GERMAN <input type="checkbox"/> DUTCH <input type="checkbox"/> SLOVAK <hr/> <input type="checkbox"/> ITALIAN <input type="checkbox"/> SPANISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> SCANDINAVIAN <hr/> <input type="checkbox"/> OTHER LANGUAGES:																																				
<b>IN WHICH LANGUAGE WOULD YOU LIKE YOUR CORRESPONDENCE?</b> <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRANÇAIS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">READ</td> <td style="width: 5%;"><input type="checkbox"/> 1</td> <td style="width: 5%;"><input type="checkbox"/> 2</td> <td style="width: 5%;"><input type="checkbox"/> 3</td> <td style="width: 5%;"><input type="checkbox"/> 4</td> <td style="width: 5%;"><input type="checkbox"/> 5</td> </tr> <tr> <td>SPEAK</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>WRITE</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>UNDERSTAND</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td colspan="6" style="text-align: center;"><hr/></td> </tr> <tr> <td>OVERALL</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> </tr> </table>	READ	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	SPEAK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	WRITE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	UNDERSTAND	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<hr/>						OVERALL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
READ	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5																																	
SPEAK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5																																	
WRITE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5																																	
UNDERSTAND	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5																																	
<hr/>																																						
OVERALL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5																																	
<b>WOULD YOU BE WILLING TO TEACH IN EITHER OFFICIAL LANGUAGE?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO																																				

## 6. COMPUTER TRAINING & EXPERIENCE

<b>INDICATE COMPUTER TRAINING AND/OR SOFTWARE EXPERTISE YOU HAVE OBTAINED:</b>	
<input type="checkbox"/> INTERNET SOFTWARE <input type="checkbox"/> WEB PAGE DESIGN <input type="checkbox"/> LAN ADMINISTRATION <input type="checkbox"/> LAN MANAGER <input type="checkbox"/> PC TROUBLESHOOTING <input type="checkbox"/> WINDOWS <input type="checkbox"/> MICROSOFT OFFICE	<input type="checkbox"/> CURRICULUM UNIT PLANNER <input type="checkbox"/> REPORT CARD SOFTWARE <input type="checkbox"/> CLASSROOM SOFTWARE <input type="checkbox"/> COREL DRAW <input type="checkbox"/> POWERPOINT <input type="checkbox"/> OTHER SOFTWARE ON MY RÉSUMÉ

## 7. PROFESSIONAL INVOLVEMENT

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

## 8. REFERENCES

<b>NAME TWO PERSONS WHO MIGHT BE CONSULTED WITH RESPECT TO AN ASSESSMENT OF YOUR PROFESSIONAL PERFORMANCE</b>			
<b>NAME</b>	<b>POSITION TITLE</b>	<b>EMPLOYER</b>	<b>TELEPHONE</b>
_____	_____	_____	_____
_____	_____	_____	_____

## OSAP 300.01.2- TEACHER SELECTION

### 9. EMPLOYING BOARD AND SALARY

DIRECTOR OF EDUCATION				PRESENT GROSS SALARY		\$
SCHOOL BOARD NAME AND ADDRESS						
NAME						
STREET						
CITY			PROV	POSTAL CODE		
TELEPHONE:		( )	FACSIMILE:		( )	
<b>IMPORTANT : TO BE COMPLETED BY YOUR BOARD (INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)</b>						

### 10. THIS SECTION TO BE COMPLETED BY A SUPERINTENDENT/DIRECTOR OF EDUCATION ON BEHALF OF THE EMPLOYING BOARD

NAME OF CANDIDATE:		
THE ABOVE-NOTED MEMBER OF OUR STAFF, WHO IS A CANADIAN CITIZEN AND IN POSSESSION OF A VALID CANADIAN TEACHING CERTIFICATE, HAS INDICATED AN INTEREST IN A TWO-YEAR LOAN OF SERVICE ASSIGNMENT WITH THE DEPARTMENT OF NATIONAL DEFENCE DEPENDANTS SCHOOLS OVERSEAS. THIS BOARD IS WILLING TO SPONSOR HIS/HER LOAN OF SERVICE SHOULD THE CANDIDATE BE ACCEPTED FOR SUCH ASSIGNMENT.		
SIGNATURE		DATE
PRINT NAME		
POSITION WITH BOARD		

### 11. DECLARATION

<b>THIS APPLICATION IS SUBMITTED IN GOOD FAITH AND WITH THE UNDERSTANDING THAT :</b>	
A. I, AND MY ACCOMPANYING DEPENDANTS, MUST BE MEDICALLY CLEARED FOR ASSIGNMENT OVERSEAS	
B. THAT SCHOOL-AGED ACCOMPANYING DEPENDANTS MUST BE CLEARED FOR ATTENDANCE AT THE SCHOOL OF THE INTENDED POSTING LOCATION	
C. I MUST BE SECURITY CLEARED FOR ASSIGNMENT OVERSEAS	
SIGNATURE	DATE
<b>IMPORTANT : DOCUMENTATION TO BE RETURNED:</b> 1. COMPLETED APPLICATION FORM 2. COMPLETED EVALUATION FORM 3. RESUME 4. PHOTOCOPY OF YOUR TEACHING CERTIFICATE PHOTOCOPY OF YOUR QUALIFICATION CARD, OR PROVINCIAL EQUIVALENT AS APPLICABLE.	

### 12. ADDRESS

<b>FORMS MUST BE RECEIVED AT THE FOLLOWING ADDRESS BEFORE 30 NOVEMBER</b>
<b>NATIONAL DEFENCE HEADQUARTERS MGEN GEORGE R. PEARKES BUILDING OTTAWA ON K1A 0K2</b>
<b><u>ATTENTION: DCBA 5-2</u></b>

**TEACHER'S PERFORMANCE EVALUATION FORM**

**DEPARTMENT OF NATIONAL DEFENCE  
DEPENDANTS SCHOOLS OVERSEAS**

**SECTION 1: BASIC DATA**

<b>CANDIDATE'S NAME:</b>	<b>PRESENT SCHOOL:</b>
<b>NAME OF EVALUATOR / :</b>  <b>TITLE:</b>  <b>TELEPHONE : (       )</b>	<b>EMPLOYING BOARD:</b>
<b>LENGTH OF TIME AS EMPLOYEE'S SUPERVISOR:</b>	

**THIS FORM TO BE USED FOR CANDIDATES WHO ARE ELEMENTARY OR SECONDARY CLASSROOM TEACHERS**

**TO THE SUPERVISOR**

**THE ABOVE-NOTED MEMBER OF YOUR STAFF HAS INDICATED AN INTEREST IN A TWO-YEAR LOAN OF SERVICE ASSIGNMENT WITH THE DEPARTMENT OF NATIONAL DEFENCE DEPENDANTS SCHOOLS OVERSEAS. YOUR BOARD WOULD HAVE TO AGREE TO SPONSOR HIS/HER LOAN OF SERVICE SHOULD THE CANDIDATE BE SELECTED FOR SUCH ASSIGNMENT.**

**INFORMATION PROVIDED ON THIS FORM WILL BE TREATED AS CONFIDENTIAL AND WILL BE REVIEWED BY PROFESSIONAL EDUCATORS.**

**PLEASE**

- 1. COMPLETE THIS PERFORMANCE EVALUATION FORM;**
- 2. HAVE THE EVALUATION SIGNED BY THE CANDIDATE;**
- 3. RETURN A COPY OF THE FORM TO THE CANDIDATE.**

**TO THE CANDIDATE**

**TO ENSURE THAT YOUR APPLICATION IS CONSIDERED FOR NEXT SCHOOL YEAR, IT IS IMPORTANT THAT THIS EVALUATION FORM BE SUBMITTED, TO DCBA 5/DEPENDENT EDUCATION MANAGEMENT IN OTTAWA BEFORE 30 NOVEMBER NEXT.**

## **OSAP 300.01.3– TEACHER SELECTION**

---

### **SECTION 2: MAIN RESPONSIBILITIES**

**LIST AND BRIEFLY DESCRIBE THE MAIN RESPONSIBILITIES OF THIS TEACHER IN THE CURRENT SCHOOL YEAR.**

### **SECTION 3: OTHER CURRENT OR RECENT PROJECT AND/OR SPECIAL ASSIGNMENTS**

### **SECTION 4: GENERAL OBSERVATIONS**

**IN YOUR OPINION, WHAT MAKES THIS CANDIDATE SUITED TO WORK AS A TEACHER IN AN OVERSEAS EDUCATIONAL ASSIGNMENT?**

# OSAP 300.01.3– TEACHER SELECTION

## SECTION 5: EVALUATION

RATING SCALE				
1. NEEDS IMPROVEMENT	SOMETIMES DOES NOT MEET REQUIREMENTS OR EXPECTATIONS, BUT PERFORMANCE USUALLY IS ADEQUATE			
2. FULLY SATISFACTORY	CONSISTENTLY MEETS REQUIREMENTS OR EXPECTATIONS			
3. SUPERIOR	CONSISTENTLY MEETS AND OFTEN EXCEEDS REQUIREMENTS OR EXPECTATIONS			
RATING	1	2	3	COMMENTS
<b>INSTRUCTIONAL RESPONSIBILITIES</b>				
1. LESSON PREPARATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. INTERPERSONAL SKILLS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. MANAGEMENT SKILLS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4. DAILY AND LONG RANGE PLANNING	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. EVALUATION SKILLS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>PROFESSIONAL RESPONSIBILITIES NON INSTRUCTIONAL</b>				
1. SCHOOL AND STAFF ACTIVITIES /	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. EXTRA-CURRICULAR ACTIVITIES	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**OSAP 300.01.3– TEACHER SELECTION**

---

**SECTION 6: COMMENTS AND SIGNATURE OF THE PRINCIPAL**

SIGNATURE	DATE

**SECTION 7: CANDIDATE**

<p><b>YOUR SIGNATURE CERTIFIES THAT YOU HAVE READ AND DISCUSSED THIS EVALUATION. SPACE HAS BEEN PROVIDED FOR YOUR COMMENTS, IF ANY.</b></p>	
SIGNATURE	DATE

**THIS FORM MUST BE RECEIVED, AT THE FOLLOWING ADDRESS BEFORE 30 NOVEMBER.**

**NATIONAL DEFENCE HEADQUARTERS  
MGEN GEORGE R. PEARKES BUILDING  
OTTAWA ON K1A 0K2**

**Attention: DCBA 5 / DEPENDENT EDUCATION MANAGEMENT**