

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

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

2. QUALIFICATIONS

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

ELEMENTARY	SECONDARY	
KINDERGARTEN <input type="checkbox"/>	<input type="checkbox"/> MATHEMATICS (GR 7-12 / SEC I – V)	
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)	
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	COMPUTER TECHNOLOGY	<input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	FRENCH SECOND LANGUAGE	<input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	FRENCH FIRST LANGUAGE	<input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	SPECIAL EDUCATION	<input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	ENGLISH SECOND LANGUAGE	<input type="checkbox"/> Secondary
<input type="checkbox"/> Elementary	CURRICULUM DEVELOPMENT	<input type="checkbox"/> Secondary
OTHER :		

FOR PRINCIPAL APPLICATION ONLY	
NUMBER OF YEARS AS A FULL-TIME PRINCIPAL:	YEARS

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5. LANGUAGES SPOKEN AND DEGREE OF FLUENCY

PRIMARY LANGUAGE? <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRANÇAIS	INDICATE YOUR KNOWLEDGE OF THE OTHER OFFICIAL LANGUAGE BY CHECKING THE APPROPRIATE NUMBER ACCORDING TO THE FOLLOWING SCALE: 1 – NIL 2 – FAIR 3 – GOOD 4 – VERY GOOD 5 – EXCELLENT <table style="width:100%; border: none;"> <tr> <td style="width:25%;">READ</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>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> </table> <hr style="width:50%; margin-left:0;"/> 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	<input type="checkbox"/> GERMAN <input type="checkbox"/> DUTCH <input type="checkbox"/> SLOVAK <hr style="width:100%;"/> <input type="checkbox"/> ITALIAN <input type="checkbox"/> SPANISH <input type="checkbox"/> PORTUGUESE <input type="checkbox"/> SCANDINAVIAN <hr style="width:100%;"/> <input type="checkbox"/> OTHER LANGUAGES:
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																					
IN WHICH LANGUAGE WOULD YOU LIKE YOUR CORRESPONDENCE? <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRANÇAIS																										
WOULD YOU BE WILLING TO TEACH IN EITHER OFFICIAL LANGUAGE?		<input type="checkbox"/> YES <input type="checkbox"/> NO																								

6. COMPUTER TRAINING & EXPERIENCE

INDICATE COMPUTER TRAINING AND/OR SOFTWARE EXPERTISE YOU HAVE OBTAINED:	
<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

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

8. REFERENCES

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

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9. EMPLOYING BOARD AND SALARY

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

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

THIS APPLICATION IS SUBMITTED IN GOOD FAITH AND WITH THE UNDERSTANDING THAT :	
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
IMPORTANT : DOCUMENTATION TO BE RETURNED: 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

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

**DEPARTMENT OF NATIONAL DEFENCE
DEPENDANTS SCHOOLS OVERSEAS**

SECTION 1: BASIC DATA -

CANDIDATE'S NAME:	SCHOOL'S NAME:
NAME OF EVALUATOR: TITLE: TELEPHONE : ()	EMPLOYING BOARD:
LENGTH OF TIME AS EMPLOYEE'S SUPERVISOR:	

THIS FORM TO BE USED FOR CANDIDATES WHO ARE CURRENTLY SCHOOL PRINCIPALS

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 THE PRINCIPAL SELECTION COMMITTEE.

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.

SECTION 2: MAIN RESPONSIBILITIES

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

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

SECTION 4: 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
INSTRUCTIONAL RESPONSIBILITIES				
PLANNING AND ORGANIZATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SCHOOL MANAGEMENT	<input type="text"/>	<input type="text"/>	<input type="text"/>	
LEADERSHIP	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESPONSIBILITY TOWARDS STUDENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESPONSIBILITY TOWARDS PARENTS AND THE COMMUNITY	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 5: GENERAL OBSERVATIONS

IN YOUR OPINION, WHAT MAKES THIS CANDIDATE SUITED TO WORK IN AN OVERSEAS EDUCATIONAL LEADERSHIP ASSIGNMENT?

SECTION 6: COMMENTS AND SIGNATURE OF THE SUPERINTENDENT OR DIRECTOR OF EDUCATION

SIGNATURE	DATE

SECTION 7: CANDIDATE

YOUR SIGNATURE CERTIFIES THAT YOU HAVE READ AND DISCUSSED THIS EVALUATION. SPACE HAS BEEN PROVIDED FOR YOUR COMMENTS, IF ANY.

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