

## A. Applicant Details All of these fields must be completed.

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Surname	<input type="text"/>	First name	<input type="text"/>
District	<input type="text"/>	BU	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

## B. Application Details

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Please indicate if you wish to be recognized in the following categories

In English, I am comfortable:

Reading  Speaking  Writing

In French, I am comfortable:

Reading  Speaking  Writing

Additional Comments

\* Committee/Council for which you are applying

\* Indicate **the OSSTF/FEESO Member in good standing who will be submitting a Confidential recommendation form on your behalf.**

Name

Email

An application is not considered complete until an OSSTF/FEESO Member in good standing has submitted a recommendation for the candidate.

## C: Additional Application Details

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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)**

**How will you benefit from participation on the Committee/Council?**

**SPECIALIZED KNOWLEDGE/EXTERNAL EXPERIENCE**

<b>School Year</b>	<b>Experience</b>	<b>Special Responsibilities (Be specific)</b> Limit: 180 Characters

**LOCAL OSSTF/FEESO**

<b>School Year</b>	<b>Experience</b>	<b>Special Responsibilities (Be specific)</b> Limit: 180 Characters

**PROVINCIAL OSSTF/FEESO**

<b>School Year</b>	<b>Experience</b>	<b>Special Responsibilities (Be specific)</b> Limit: 180 Characters

## Additional Information

## D:\* Indicate your participation history

I currently serve on this Committee/Council and my appointment type is Term Appointment  
Co-option

I am not 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 (Committee/Date)

I currently serve as a co-option appointment on another Committee/Council

## \* Indicate your Appointment preference below

Full-term appointments have a duration of 3 or 5 years, depending on the standing committee or council. Appointments to committees are recommended by the Nominations Committee, and approved by Provincial Council at its April meeting.

Co-option appointments are for the Federation year (July 1 – June 30) and so may be for a duration of up to one year in length. Co-option appointments are recommended by the committee or council that you are applying to, and are also subject to approval by Provincial Council.

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

I am submitting multiple applications and would like this application to be considered:

- First
- Second
- Third
- Fourth

## E: Eligibility to serve on a Committee/Council

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\* 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.*

To facilitate processing applications, both the application and the Confidential Recommendation Forms must be received by the Provincial Office by MARCH 1, 2024.

Applications received after March 1, 2024 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.

# Voluntary Self-Identification Form

This form is designed to collect demographic information as part of our clear commitment to equity, diversity and inclusion. The collection of demographic information is one of the priorities outlined in the Action Plan to Support Equity, Anti-Racism, and Anti-Oppression. This data will help in accountability, measurement and tracking. Your response is voluntary, and you may skip any question you do not wish to answer. The data collected will not be anonymous. Assigned Provincial Office staff and members of the Nominations Committee will have access to this information for the purposes of making recommendations about appointments and for promoting greater diversity within OSSTF/FEESO Committees and Councils.

**1.** Race is a social construct, and not always a reflection of personal identity (as distinct from ethnic or cultural identity). However, in our society, people are often described by their race or racial background. For example, some people are considered “White” or “Black” or “Southeast Asian”, etc. Which race category best describes you? Select all that apply.

- Black (e.g., African, Afro-Caribbean, African-Canadian descent)
- East Asian (e.g., Chinese, Japanese, Korean descent)
- Indigenous (e.g., First Nations, Inuit, Métis descent)
- Latinx (e.g., Argentinean, Chilean, Costa Rican descent)
- Middle Eastern (e.g., Afghan, Iranian, Syrian descent)
- South Asian (e.g., Indian, Indo-Caribbean, Tamil descent)
- Southeast Asian (e.g., Indonesian, Thai, Vietnamese descent)
- White (European descent)
- An identity not listed, please specify:

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Prefer not to answer

**2.** What language(s) do you use in your day-to-day life? Select all that apply.

- American Sign Language
- English
- French
- Another language not listed, please specify:

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Prefer not to answer

**3.** Which of the following best describes your gender identity? Select all that apply.

- Agender
- Genderfluid/Genderqueer
- Man
- Non-binary
- Transgender
- Two-spirit
- Woman
- An identity not listed, please specify:

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Prefer not to answer

**4.** Do you identify as 2SLGBTQI+?

- No
- Yes
- Prefer not to answer

**5.** Do you identify as a person living with a disability or as requiring accommodations in the workplace due to a functional limitation? Select all that apply.

- No
- Yes, evident/visible
- Yes, non-evident/invisible
- Prefer not to answer

**6.** Are you the primary caregiver of dependents under the age of 18 or adult dependents?

- No
- Yes
- I do not have dependents
- Prefer not to answer