



CONTINUING EDUCATION

Instructor Application for New Course Proposal

PERSONAL INFORMATION

Last Name:	First Name:
Home Address:	Postal Code:
Home Phone:	Business Phone:
Email Address:	Cell Phone:
Occupation:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
If CBE Teacher, name of School:	

PROPOSAL INFORMATION

Course Title:	
Target Group:	
Course Descriptor: (30-50 words)	

SUGGESTED COURSE INFORMATION:

Number of Class Sessions:	
Hours Per Session:	
Maximum Total Hours:	
Minimum Number of Participants:	
Maximum Number of Participants:	
Preferred term: (check all that apply)	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer
Preferred days:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Preferred times:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings

SUPPLIES NEEDED AND APPROXIMATE SUPPLY COST PER STUDENT:

REQUIRED AUDIO-VISUAL EQUIPMENT (e.g., computer or overhead projector, DVD/TV, Smartboard) **AND SPECIAL FACILITY NEEDS** (e.g. ovens, sinks):

DO YOU OFFER THIS COURSE AT ANOTHER LOCATION IN CALGARY? IF YES: WHERE? WHEN? COURSE FEE:

PLEASE PROVIDE YOUR QUALIFICATIONS PERTAINING TO THE PROPOSED COURSE, AND INSTRUCTIONAL EXPERIENCE. PLEASE ATTACH RESUME.

Date:	Signature:
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Please mail completed Instructor Application to:
New Course Proposal
Chinook Learning Services, Continuing Education
Viscount Bennett Centre
2519 Richmond Road SW
Calgary, AB T3E 4M2

Or Fax to: 403-777-7568
OR e-mail: chinookconted@cbe.ab.ca

Your proposal will be forwarded to the appropriate Program Leader for review and approval. You will be contacted if there is an opening for your program. Please note that Calgary Board of Education Policy 2027.4 requires that applicants WHO ARE OFFERED EMPLOYMENT must have a police security clearance.