

## TAC Transitions to Alberta Classrooms Program Application Form

**Personal Information:**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail \_\_\_\_\_ Cell \_\_\_\_\_

**Citizenship Status:**

Canadian     Landed Immigrant     Refugee

Other (specify) \_\_\_\_\_

Former Country of Residence \_\_\_\_\_

I have been living in Canada for \_\_\_\_\_ years.

**Certification Status:**

Have you received your teacher certification from the Teacher Certification Branch of Alberta Education?

**YES** (copy of letter attached)     **NO**     **APPLICATION IN PROCESS**

Foreign Teaching Certification Held:

Institution \_\_\_\_\_ Prov/Country \_\_\_\_\_

Date Issued \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Degrees/Diplomas Held:**

Degree/Diploma	Date	Institution	Prov/Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment Status:**

Are you currently employed?

- Part-time     Full-time     NO

Employed as \_\_\_\_\_

**Teaching Experience:**

(attach reports/references where applicable)

Dates	Level	Institution	Prov/Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Work and/or volunteer experience in Canadian schools:**

(attach reports/references where applicable)

Dates	Level	Institution	City/Province
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Grade levels I am interested in teaching:**

- Elementary (Kindergarten – Grade 6)       Junior High (Grades 7 – 9)
- Senior High (Grades 10 – 12)

If Junior or Senior High, please indicate subject area (major/minor):

\_\_\_\_\_

**Statement of Intent:**

Please attach a brief paragraph (100 – 150 words) outlining your reasons for interest in this program.

*I certify that all statements on this application are true and complete. I consent to the disclosure of information on this form to other educational institutions when necessary to verify my qualifications. I understand failure to provide my consent may result in non-admission or withdrawal from the Transitions to Alberta Classrooms Program.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**RETURN COMPLETED APPLICATION WITH SUPPORTING DOCUMENTS BY MAIL OR FAX TO:**

**Anne O’Byrne**  
**Chinook Learning Services, Calgary Board of Education**  
**2519 Richmond Road SW**  
**Calgary, Alberta**  
**T3E 4M2**  
**Fax: (403) 777-7229**