

DISTRICT SCHOOL BOARD OF NIAGARA

COMMUNITY EDUCATION SERVICES

APPLICATION FOR INTEREST COURSE EVENING SCHOOL STAFF

Please Print Clearly

Date of Application:

1. GENERAL INFORMATION:

Name in full: _____
(Surname) (First) (Middle)

Address: _____
(Street) (City) (Postal Code)

Telephone: Daytime: _____ Evenings: _____ Other: _____

Email Address: _____

Place of Employment: (Name) _____

Position: (Occupation) _____

Are you between ages 18 and 65 years of age? Yes ☐ No ☐

Do you have a Certificate of Qualification or Letter of Permission from the Ontario College of Teachers?

Yes ☐ *If yes, please complete **Section 2**.*

No ☐ *If no, please continue to **Section 3**.*

2. CERTIFIED TEACHER QUALIFICATIONS (PLEASE COMPLETE THE FOLLOWING SECTION CAREFULLY):

Are you ***In Good Standing*** with Ontario College of Teachers: Yes ☐ No ☐

Certificate of Qualifications: Yes ☐ No ☐ OR Letter of Permission: Yes ☐ No ☐

Certificate#: _____ Year Granted: _____

Certified/Teachable Subjects: _____

Other Qualifications: _____

Are you currently teaching in Ontario Full Time: Yes ☐ No ☐ Part-time: Yes ☐ No ☐

University(s) Attended & Degree(s) Awarded: _____

Teaching Experience: Evening School _____ years Day School _____ years Business or Trade Experience _____ years

Retired Ontario Certified Teacher: Yes ☐ No ☐

Commuted Value Instead Of Regular Teachers Pension: Yes ☐ No ☐

*Please continue to **Section 3** on the next page....*

3. OTHER INSTRUCTIONAL/TRAINING EXPERIENCE:

Please describe any additional experience you have in Instruction or training: (Attach a separate page if necessary)

4. COURSE INSTRUCTION INFORMATION:

Evenings(s) Preferred (subject to availability):

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Location(s) Preferred (subject to availability):

Beamsville ☐

Fort Erie ☐

Grimsby ☐

Niagara Falls ☐

Welland ☐

St.Catharines (Eden) ☐

Port Colborne ☐

5. NEW COURSE PROPOSAL: *Complete this section for proposed interest courses only.*

1. **Course Title** _____ Approx. # of hours to deliver: _____

Description (Approx. 50-75 words)

Additional Material(s) cost, if any: _____

2. **Course Title** _____ Approx. # of hours to deliver: _____

Description (Approx. 50-75 words)

Additional Material(s) cost, if any: _____

Other information you wish to include:

Please return to: Adult & Community Education
District School Board of Niagara
535 Lake Street
St. Catharines, Ontario L2N 4H7

subject: General Interest Instructor Application
email: CommunityEd@dsbn.org
fax: 905-646-7042
for more information, call: 905-687-7000