



SEVEN OAKS
SCHOOL DIVISION
community begins here

SEVEN OAKS SCHOOL DIVISION

APPLICATION FOR COMMUNITY-BASED ABORIGINAL TEACHER EDUCATION PROGRAM (CATEP)

Date: _____

A. PERSONAL DATA

1. NAME (Please Print)

Surname	Given Names

2. PRESENT ADDRESS:

No. Street	City/Town	Prov.	Postal Code

Telephone:	
Residence	Business or Message

Cell	E-Mail Address

3. INDIGEOUS ANCESTRY (please attached proof of ancestry)

_____ First Nation _____ Métis _____ Inuit
(please select one of the following)

4. Language spoken: Cree _____ Ojibwe _____ Other _____

B. EDUCATIONAL HISTORY

Diploma/Degree	School/University	Year Completed

★ **Please attach transcripts (secondary & post secondary),
relevant certificates and diplomas to application form** ★

Are you currently on probation from any university? Yes No

Will you receive funding from your Band? _____ If so, which Band? _____

C. EMPLOYMENT PREFERENCE

<p>Full Time <input type="checkbox"/></p> <p>Part Time <input type="checkbox"/></p> <p>Substitute <input type="checkbox"/></p>	<p>Specialized Training</p> <p>Non-Violent Crisis <input type="checkbox"/></p> <p>WEVAS <input type="checkbox"/></p> <p>CPR <input type="checkbox"/></p> <p>First Aid <input type="checkbox"/></p> <p>A.S.L. <input type="checkbox"/></p>
<p>Grade Preference</p> <p>Elementary <input type="checkbox"/></p> <p>Middle Years (6, 7, 8) <input type="checkbox"/></p>	<p>Child Care <input type="checkbox"/></p> <p>Early Childhood <input type="checkbox"/></p> <p>Support Worker <input type="checkbox"/></p> <p>Respite Worker <input type="checkbox"/></p> <p>Health Care <input type="checkbox"/></p> <p>Special Needs <input type="checkbox"/></p> <p>American Sign Language <input type="checkbox"/></p> <p>List Below :</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do you have fluency in any of the following languages?

	Yes	No
Cree		
Ojibwe		
French		
Ukrainian		
Punjabi		
Filipino		

Would you be able to assist in the following areas:

	Yes	No
High School Math Skills – Pre-Cal, Consumer Math, Algebra etc. Please circle grade level that you would be able to assist students with: 9 10 11 12		
Swimming – Attend swim class with student and assist instructor in water, with lifting in & out of water etc. if required.		

D. Employment History

Please provide information on your previous employment, beginning with your last employer.

Employer	Nature of Work	Employment Dates	
		From	To

E. Special Experience and Interests

Please list any special experiences gained from either regular employment or volunteer work that may be particularly useful for work as an Ojibwe/Cree language speaker.

F. References

Please provide names, addresses and telephone numbers of three persons whom we may contact for **business** references.

Name	Company	Address	Telephone

The Seven Oaks School Division requires Child Abuse Registry and Criminal Records Checks. The Division also requires WEVAS (Working Effectively with Violent & Aggressive Students) or Non-Violent Crisis Intervention Course, as well as CPR and First Aid. Please attach originals to your registration.

Signature of Applicant

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

This personal information is being collected under the authority of Seven Oaks School Division and will be used for the purpose of identifying potential staff for term, permanent or substitute positions.

It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Assistant Superintendent of Personnel, 830 Powers Street, Winnipeg, MB. R2V 4E7.

Note: Complete application packages should be addressed to:

CATEP – c/o Bonnie Pollreis
Seven Oaks School Division
830 Powers Street
Winnipeg, Manitoba, R2V 4E7