

## NVTA Mentorship Funds Application Form

The NVTA has received funds from the BCTF to help us support mentorship for members. With these funds, we would like to offer our members the opportunity to explore and strengthen their teaching practice. These funds are available for mentorship work outside the NVTA/NVSD Teacher Mentorship Network. To access these funds you need to apply to the NVTA Executive with the attached form. Funds will be primarily for release time for teacher collaboration or peer mentorship, with a prioritization on members in the following order:

- 1. Members in the first five years of their teaching career.
- 2. Experienced members in their first or second year in a significantly different position.
- 3. Members who do not fit into one of the above categories but who selfidentify as a candidate.

Members applying for this fund need to know who they wish to work with, and what they plan to accomplish together, unlike the NVTA/NVSD Teacher Mentorship Network.

Please submit the completed application form and return it to NVTA Officer Managers, Beth Triggs and Terrie Hendrickson, at beth@nvta.ca.

If you have any questions, please contact:

Angelee Bulsara (prodchair@nvta.ca)



## **NVTA Mentorship Funds Application**

| NAME:                                 |  |                           |  |
|---------------------------------------|--|---------------------------|--|
| SCHOOL:                               | GRADE/SUBJECT currently assigned:  |                           |  |
| Please complete the following que     | stions and submit to the NVTA  | by email to beth@nvta.ca. |  |
| I am a NVTA member:                   |  |                           |  |
| In the first five years of            | my teaching career   |                           |  |
| That has recently char                | That has recently changed teaching positions to a significantly different position |                           |  |
| That self-identifies as a             | a candidate for mentorship fu  | nds                       |  |
| 1. Summarize what you would like ass  | istance with:  |                           |  |
|                                       |  |                           |  |
|                                       |  |                           |  |
| 2. What would you be requesting relea | ase time for:  |                           |  |
|                                       |  |                           |  |
|                                       |  |                           |  |
| 3. Who will you be working with? (No  | ite: They must also submit a forn  | n):                       |  |
| Applicant Signature:                  | [  | Date:                     |  |
| OFFICE USE ONLY:                      |  |                           |  |
| Administrative Approval:              | Approved   | Denied                    |  |
|                                       |  |                           |  |
|                                       |  |                           |  |
| Signature:                            | Date:  |                           |  |