

***Peer Support: Educator Mentorship***

**Application Form**

***I am applying to be a:*** □ Mentor □ Mentee □ Both

1. **Personal Information:**

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. 🞏 Dr. ☐ Other: Gender: ☐ Male ☐ Female

First name: Last name:

Address:

Street: Town/City:

Province: Postal Code:

Home Telephone: Cell:

School/Work Telephone: Best time of day to contact me is: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email: Secondary Email:

Indigenous Affiliation: (check one that apply)

☐ Status First Nation

☐ Non-Status First Nation

☐ Inuit

☐ Métis

☐ Non-Indigenous

Band (if applicable): Nation (if applicable): \_\_\_\_\_\_

Indigenous Language Spoken (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred language for communication: ☐ English ☐ French

**Education:**

Indicate the highest Degree or level of education you have completed:

☐ Bachelor Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Master’s Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Doctorate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Professional Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check all that apply and list your area:

☐ 3-part Specialist Certificate

☐ Additional qualification (AQ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Additional Basic qualification (ABQ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Principal Qualification Program (PQP) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Supervisory Officer Qualification (SOQ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area for above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Career Information:**

☐ I am currently a Teacher Candidate

Please specify grade specialization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Post-Secondary Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Program: \_\_\_\_\_\_\_\_ Year of Completion: \_\_\_\_\_\_\_\_\_\_

\****please skip to Areas of Interest***

Current Position Title: (check all that apply)

☐ Consultant

☐ Designated Early Childhood Educator – Kindergarten (DECE-K)

☐ Instructional Coach

☐ Super-intendant

☐ Principal

☐ Vice Principal

☐ Support Staff

☐ Teacher

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous/Past Position Title (s): (Check all that apply)

☐ Consultant

☐ Designated Early Childhood Educator – Kindergarten (DECE-K)

☐ Instructional Coach

☐ Superintendent

☐ Principal

☐ Vice Principal

☐ Support Staff

☐ Teacher

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School Name: (*not applicable to Teacher Candidates*)

Number of years at this school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School is ☐ On Reserve ☐ Rural area ☐ Urban area

School District: (*not applicable to Teacher Candidates*)

School Population: (*not applicable to Teacher Candidates*)

List Previous School (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Population: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Teaching Experience: (*not applicable to Teacher Candidates*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any Recognition/Awards Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade(s) currently teaching: (check all that apply) *Not applicable to Teacher Candidates*

☐ Kindergarten

☐ Grade 1

☐ Grade 2

☐ Grade 3

☐ Grade 4

☐ Grade 5

☐ Grade 6

☐ Grade 7

☐ Grade 8

☐ Grade 9

☐ Grade 10

☐ Grade 11

☐ Grade 12

☐ Other, please specify

☐ Not applicable

Subject Area(s) you have experience with:

☐ Dance

☐ English

☐ Drama

☐ French

☐ Health/Physical Ed.

☐ Geography

☐ History

☐ Guidance

☐ Library Prep

☐ Indigenous study subject

☐ Math

☐ Music

☐ Native as Second Language (NSL)

☐ Science

☐ Social Studies

☐ Visual Arts

🞏 Other(s):

Grade(s) taught: (check all that apply) *Not applicable to Teacher Candidates*

☐ Kindergarten

☐ Grade 1

☐ Grade 2

☐ Grade 3

☐ Grade 4

☐ Grade 5

☐ Grade 6

☐ Grade 7

☐ Grade 8

☐ Grade 9

☐ Grade 10

☐ Grade 11

☐ Grade 12

☐ Other, please specify

☐ Not applicable

**Area of Interest**

Mentors: please check all areas that reflect your expertise.

Mentees: please check all areas in which you would like to receive mentorship.

(check all that apply)

☐ 2nd languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ 21st century fluencies

☐ Alternative education setting

☐ Computers/technology

☐ eLearning/distance education

☐ Guidance

☐ Instructional coaching

☐ Library

☐ Literacy

☐ Numeracy

☐ Parent engagement

☐ Special education

☐ Section 23 classroom

☐ Student achievement

☐ Student retention

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentors: Please highlight some of the education programs, projects, or curriculum ***specifically related to Indigenous education*** on which you have worked.

Mentees: Based on your choices above, please provide a brief summary of the areas(s) in which you would like to receive mentorship, or what particular skill sets would you like support with.

Max 100 Words

1. I am applying and have a mentor/mentee I would like to be matched with: Name \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Live educational webinars are offered monthly, what is the best time of day for you to participate?

☐ Morning ☐ Afternoon ☐ Right after school ☐ Evening ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you participated in Indspire’s Peer Support program in the past? ☐ Yes ☐ No
2. Have you participated in any other mentorship programs in the past?

☐ Yes, Name of program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ No

1. How did you hear about the program? (Choose all that apply)

☐ Contacted by Indspire staff

☐ indspire.ca

☐ Word of mouth

☐ Social media

☐ Email blast

☐ Referral

☐ Contact by Indspire Regional Representative (please identify) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Peer Support Participant (please identify) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location Preference

Please select the location you prefer for your match, if any. Every effort will be made to match your identified preference; however, it may not always be possible.

☐ Within my province

☐ Outside my province

☐ No preference