

Adult Continuing Education Employment Application **2010/2011**

PERSONAL INFORMATION

LAST NAME: _____ (Mr./Mrs./Ms/ Miss)

FIRST NAME: _____

HOME ADDRESS: _____

POSTAL CODE: _____ HOME PHONE: _____

CELL PHONE _____ BUSINESS PHONE: _____

EMAIL: _____ FAX #: _____

BIRTHDATE: _____ SIN #: _____

OCCUPATION: _____

IF TEACHER, NAME OF SCHOOL: _____

Please list in order of preference the SUBJECTS OR TOPIC AREAS you wish to teach for Metro Adult Continuing Education. Please include new course ideas and a brief description of each.

1. _____

2. _____

3. _____

4. _____

Indicate education and/or experience (particularly specify any qualifications you have relating to continuing education):

Training Education: _____

Teaching Experience: _____

References: (Please give names, phone numbers and emails)

I give permission to use my name in the *Class Calendar* if this proposal is accepted: Yes__ No__

I am willing to promote my classes via the media, should I be requested: Yes__ No__

DATE: _____ SIGNATURE: _____

NEW COURSE PROPOSAL INFORMATION

“Although **Metro Continuing Education** has changed greatly since our inception in 1981 our mission remains virtually unchanged. Through innovation and leadership, Metro Continuing Education provides quality, continuous learning experiences that enrich our community making academic, personal and professional growth our priority.”

In order to assess whether the program can be offered by our department, please provide the following information.

1. **Course Objectives and Outcomes:** _____

2. **Target market:** _____
3. **Course Title:** _____
4. **Course Descriptor (30 – 50 words):** _____

5. **Suggested length of course:**
Class session(s) _____ at _____ hours per session = _____ maximum total hours
Preferred term: (check more than one if desired) Fall ___ Winter ___ Spring/Summer ___
Classes held: Morning ___ Afternoon ___ Evenings ___ Saturday ___
6. **Minimum and maximum** number of participants: Min _____ Max _____
7. **Supply List:** _____
8. Do you offer this course at another location in Edmonton? If yes, Where: _____
When: _____ Cost: _____ Duration: _____
9. Expected hourly rate of pay _____
10. Attach Resume

PLEASE SEND YOUR COMPLETED PROPOSAL TO:

Deanna Fitzmaurice
Assistant Principal, Metro Continuing Education
8205 – 90 Avenue
Edmonton, AB T6C 1N8

Email: deanna.fitzmaurice@epsb.ca
Or fax to 780.428.1112

Your proposal will be forwarded to Metro Continuing Education staff for review and approval. You will be contacted if there is an opening for your class.