



**CANADIAN EDUCATION EXCHANGE FOUNDATION**  
**FONDATION CANADIENNE DES ECHANGES EDUCATIFS**

## **SHORT TERM/JOB SHADOW EXCHANGE PROGRAM FOR ADMINISTRATORS AND TEACHERS**

The Canadian Education Exchange Foundation (CEEF) is a non-profit foundation mandated to organize student, teacher and administrator exchanges.

In the short term/job shadow exchange program, administrators and teachers have the opportunity to foster global perspectives, broaden personal and professional growth and strengthen their cultural awareness and respect for diversity.

### **Destinations**

At this time, the exchange would be to Denmark, Germany or Australia.

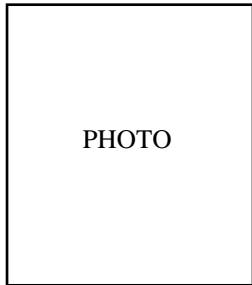
In participating countries where English is not the common language, appropriate provision will be made to accommodate the language capabilities of the Canadian educator.

### **Timing**

Usually the Canadian educator travels to the exchange destination during the last two weeks in August and the foreign educator comes to Canada in October. Other arrangements may be possible depending upon each district's holiday periods. Each visiting educator lives and works with the other during their visit.



**APPLICATION for SHORT TERM / JOB SHADOW EXCHANGE**



**SECTION 1**

Educator's Name	Surname	Given Names	Gender	Date of Birth
Home Address			Home Phone	
City _____		Province _____	Postal Code _____	
Preferred email address _____				

School Name _____	School Phone _____	
School Address _____	School Fax _____	
City _____	Province _____	Postal Code _____

Immediate supervisor (principal or superintendent name) _____	Phone _____	
_____	Email _____	
Director / Board (name) _____	Phone _____	
Address _____	Fax _____	
City _____	Province _____	Postal Code _____

**SECTION 2**

Please indicate your language capabilities

Language	Excellent	Good	Fair	Minimal	None
English					
French					
German					
Spanish					
Danish					
Italian					
Other					

### SECTION 3

Please describe your school.

No. of Staff \_\_\_\_\_ No. of students \_\_\_\_\_ Age range of students \_\_\_\_\_

School Programs: Academic \_\_\_\_\_ Business \_\_\_\_\_ Technical \_\_\_\_\_ Other \_\_\_\_\_

Please provide a brief description of your school. This should include types of programs including special programs, cultural composition of the student body, community served (rural, inner city etc.), current developments or all things that are different or special about your school. Please outline your role and duties within it.

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Please indicate any special interests you wish to explore while on your exchange.

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### SECTION 4

Health

Do you have any allergies, dietary needs or health concerns?

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Please list the people who live in your home (relation/age).

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**SECTION 4 (continued)**

I do/do not have pets. If applicable, please list the kind and number.

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Please describe the living arrangements you could make to accommodate an incoming educator (and possibly spouse) from the exchange jurisdiction.

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Please provide a brief description of the community in which you live.

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Will your spouse be accompanying you? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION 5**

Please indicate any specific type of schools, special programs or areas of interest that you wish to observe. Please note: We may be limited in what we are able to arrange, but this will serve as a guide.

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Destination. Please order numerically your destination preferences.

Denmark \_\_\_\_\_

Germany \_\_\_\_\_

Australia \_\_\_\_\_

I hereby make application for the Short Term/Job Shadow Educator Exchange Program

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

The above educator has the approval of his/her Principal and Supervisory Officer to apply to this program. Subject to current Criminal Records Check, this school is approved to host the foreign educator for job shadow (2 – 3 weeks maximum).

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisory Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRIVACY OF INFORMATION

The Canadian Education Exchange Foundation (CEEF) is included in the provisions of the Personal Information Protection and Electronics Documents Act (PIPEDA). In addition, various CEEF partners (and home province / territory school authorities) are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIPOP).

CEEF's policy and practice is to maintain as strictly confidential, any information provided which is used solely to assist in offering an exchange opportunity to any of its applicants / participants.

As a consequence of the PIPEDA and / or the FOIPOP this information may be subject to release in compliance with the legislation.

Your signature below gives your consent to CEEF to release the following information from your application (name, email address, accompanying family members, your address, home phone number, your school's name, address and contact number) to our partner organizations in order to facilitate a match.

I hereby give my consent to CEEF, its employees and officers for the release of the information listed above to any authority provided for in the current legislation and CEEF's provincial / territorial partners.

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Place Day Month Year

Signature \_\_\_\_\_