MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

REGISTRATION FORM

(Please fill out and return to the In-Service Coordinator)

Section 1: Activity Information

Title: Evaluating Competencies in the Aesthetics and Hair Removal Programs **Date:** May 18, 2018

Time: 9:00 am - 12:00 pm **Tel:** (514) 483-7200 **Activity Site:** Laurier Macdonald Vocational Centre

Address of Activity: 5025 (Civic No.) Jean Talon East (Stree Name) St. Leonard (City) Quebec (Province) H1S 3G8 (Postal Code)

Animator: Pina Mercogliano - BIM GRICS

Description:

GENERAL OBJECTIVE: This workshop will review the generations and evolution of the Aesthetic and Electrolysis ministerial documents. Distinction will be made between the Program of Study, Evaluation Framework and the BIM Evaluation specifications for a deeper understanding. We will make links between the

Host School Board: 887000 - English Montréal School Board

Contact Person: Marsha Excellent **Tel:** (514) 483-7200 **Fax:**

Section 2: Participants Information

ORDER OF PRIORITY

1. First & Last Name: _____ **Position:** _____

Language of Instruction: ☐ English ☐ French **Work Phone #:** _____ **Home Phone #:** _____

Requesting compensation for: **Substitution (** ☐ Yes ☐ No) - **Travel (** ☐ Yes ☐ No) - **Meals (** ☐ Yes ☐ No)

2. First & Last Name: _____ **Position:** _____

Language of Instruction: ☐ English ☐ French **Work Phone #:** _____ **Home Phone #:** _____

Requesting compensation for: **Substitution (** ☐ Yes ☐ No) - **Travel (** ☐ Yes ☐ No) - **Meals (** ☐ Yes ☐ No)

3. First & Last Name: _____ **Position:** _____

Language of Instruction: ☐ English ☐ French **Work Phone #:** _____ **Home Phone #:** _____

Requesting compensation for: **Substitution (** ☐ Yes ☐ No) - **Travel (** ☐ Yes ☐ No) - **Meals (** ☐ Yes ☐ No)

4. First & Last Name: _____ **Position:** _____

Language of Instruction: ☐ English ☐ French **Work Phone #:** _____ **Home Phone #:** _____

Requesting compensation for: **Substitution (** ☐ Yes ☐ No) - **Travel (** ☐ Yes ☐ No) - **Meals (** ☐ Yes ☐ No)

5. First & Last Name: _____ **Position:** _____

Language of Instruction: ☐ English ☐ French **Work Phone #:** _____ **Home Phone #:** _____

Requesting compensation for: **Substitution (** ☐ Yes ☐ No) - **Travel (** ☐ Yes ☐ No) - **Meals (** ☐ Yes ☐ No)

Persons hereby registered have the prerequisites required to participate in the session. We agree to release them for the full length of the session.

School Board: Click on drop down arrow to choose an Item Name of Centre: _____

Name of Centre Principal / Director: _____ *(please print)* _____ Date

_____ Signature of Centre Principal / Director _____ Telephone Number

Return to: In-service Coordinator - Shelley Smythe

Fax: (450) 829-2398 - Email: ssmythe@nfsb.qc.ca - 46 rue Roy Ormstown, QC J0S 1K0

Modified on: *August 31, 2016*