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: Distance Education - Application and Platform Training **Date:** February 5, 2021

Time: 9:00am - 4:30pm **Tel:** (819) 209-4522 **Activity Site:** Online Workshop - Western Quebec School Board in partnership with RECIT VT

Address of Activity: 15 (Civic No.) Katimavik (Stree Name) Gatineau (City) Quebec (Province) J6J 0E9 (Postal Code)

Animator: Renee Goncalves - Stuart Gray - Andy Jones

Description:

General Objective: To help prepare teachers to teach in a distance education online environment. Providing teachers with software/platform training to improve the skills they have and learn new online teaching tools. The aim of the training is to focus on use and exploration of platform tools while highlighting pedagogical use.

Host School Board: 886000 - Western Québec School Board

Contact Person: Alex Renaud **Tel:** (819) 209-4522 **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*