



# REIMBURSEMENT & GUIDELINES BOOKLET

*IN-SERVICE & CEN MEETINGS*

2020-2021

# IN-SERVICE & CEN MEETINGS

## Substitution & Meals Compensation for Teachers attending Workshops, Industry Stages, and CEN meetings

Substitution Costs	Hourly Rate	Maximum Number of Hours per Day
Contract Teachers - <a href="#">per teacher's pay scale</a>	average \$ 58.59	6 Hours
Hourly Paid Teachers - <a href="#">per hourly rate</a>	average \$51.28	6 Hours

### Above based on a one-day workshop:

1. Contract and hourly paid teachers will be paid up to a maximum of six hours per day to attend a workshop or stage. A *Workshop Compensation Request* or *Stage Compensation Request* indicating the hourly rate of the teacher must be signed by the centre director / principal and submitted to the Provincial In-Service Activities Coordinator. This compensation will be paid directly to the school board.
2. Hourly paid teachers will be paid for their six hours and in addition, centres will be compensated for the cost of the replacement teacher.
3. Re-imbursement will be the average cost for [Contact](#) or [Hourly](#) paid teachers.

Travel From Your Board to Host Board	Compensation		
	Travel	Meals	Accommodation
Less than 50 kilometers (one way)	No Compensation	\$15.00	No Compensation
50 to 175 kilometers (one way)	Kilometer Rate per School Board Costs	\$15.00	No Compensation
More than 175 kilometers (one way)	Kilometer Rate per School Board Costs	\$35.00	Without Hotel Accommodation
More than 175 kilometers (one way)	Kilometer Rate per School Board Costs	\$60.00	Government Rate for one night
More than 800 kilometers (one way)	Kilometer Rate per School Board Costs	\$120.00	Government Rate for two nights

**Travel:** For travel compensation, distances over 50 kilometers will be paid per kilometer, per school board rate. If possible, there should be a minimum of two occupants per car. If train or plane travel is necessary for distances over 800 kilometers, compensation will be \$150 per person up to a maximum of four board participants. When sending in your claim, please include your Board's distance chart.

**Meals:** For meal compensation, for a one day workshop, participants travelling a distance of 0 to 175 kilometers one way, will be allotted \$15 for lunch. An amount of \$35 will be allotted to participants travelling over 175 kilometers one way, if they are not claiming a hotel accommodation. An amount of \$60 will be allotted to participants travelling over 175 kilometers one way, if they are claiming a one night hotel accommodation. \$120 will be allotted to participants travelling a distance of over 800 kilometers one way, if they are claiming a two night hotel accommodation. These amounts include all taxes and gratuities.

**Accommodation:** For accommodation compensation, the government rate will be allotted per room. When possible, double occupancy is requested. (when gender and number of participants permit) *One night compensation for those traveling over 175 kilometers and two nights compensation for those traveling over 800 kilometers.*

**Workshop:** for two day duration or longer, the travel compensation remains the same, but the accommodation compensation increases to two nights if traveling over 175 kilometers, and from two nights to three nights if traveling over 800 kilometers.

**Reimbursement:** No compensation can be provided to a board until appropriate documentation and receipts for expenses are submitted to the Provincial In-Service Activities Coordinator. Each board or centre should also indicate to whom the compensation cheque should be addressed: the centre or the board.

**\*\* This doesn't apply for Industry Stages**



**Centres of Expertise Network**  
**Réseau des centres d'expertise**

**CENTRES OF EXPERTISE (CE) NETWORK**  
**REIMBURSEMENT GUIDELINES FOR**  
**CE LIAISON PERSON AND BOARD TEACHER REPRESENTATIVES**

1. All CEs have access to a base amount of \$750 to be reimbursed to the Centre in the event of substitution, meetings, industry visits, and organization of Professional Development (PD).  
\*all checks payable to the School Board - upon completion of Reimbursement Form # 1 and # 2.
2. The CE Liaison Person is responsible for keeping track of the following:  
\*\*Travel expenses, substitution costs, meeting costs, etc., and informing the Centre Director/Principal
3. Claims should be submitted with the Reimbursement Forms # 1 and # 2 to the CEN Project Coordinator in mid December and first week of June. You will need to provide supporting documentation (dates, receipts, invoices, etc.) in order for the fiduciary board to issue payment to your board.
4. Be sure to indicate the CE Liaison and/or Teacher Representative's name and centre clearly on all reimbursement requests.
5. Reimbursement is to the Board, not the Centre, so appropriate internal financial and claim arrangements should be made between the CE and the Service/Regional Director and/or PROCEDURE representative.
6. Individual Expenses related to the sector meetings and/or provincial days for the Liaison Person's and Teacher Representatives (up to \$750) - Use Form #1 and Form #2
  - Substitution rate is **based on the average cost for Contact or Hourly paid teachers**. Indicate the date and function for which the substitution was required.
  - The mileage reimbursement rate is based on each individual board's **rate**. (include your own Board Report of Expenses)
  - Receipts must be included for **all** expenses being claimed.

# FORM SECTION

## **Section # 1: ORGANIZERS**

- 1. Workshop Specifications Sheet*
- 2. List of Participants*
- 3. Participant Evaluations*
- 4. Activity Report*
- 5. In-Service Activities Checklist*

## **Section # 2: PARTICIPANTS**

- 1. Registration Form*
- 2. Request Form for :*
  - \* Teacher Substitution & Compensation*
- 3. Teacher Stages "Short & Long-Term" Documentation:*
  - \* Procedures*
  - \* Application Forms*
  - \* Checklist*
- 4. Stage Program Evaluation Forms :*
  - \* Business/Industry*
  - \* Teacher Stagiare*
- 5. Formulaire d'évaluation du programme :*
  - \* par l'entreprise*

## **Section #3: CEN SPECIFIC**

- 1. Innovative Equipment*
- 2. Report For Reimbursements*
- 3. CEN Year-End Report*

# ***Section # 1: ORGANIZERS***

- 1. Application Form - Workshop Spec. Sheet***
- 2. Reimbursement Form - Workshop Spec. Sheet***
- 3. List of Participants***
- 4. Participant Evaluations***
- 5. Activity Report***
- 6. In-Service Activities Checklist***

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CONSEIL DE LA FORMATION PROFESSIONNELLE DE LANGUE ANGLAISE

## APPLICATION FORM WORKSHOP SPECIFICATIONS SHEET

### Type of Professional Development

**Category 1****Category 2****Category 3**

**CATEGORY 1:** The implementation of new or revised programs or new authorization.

**CATEGORY 2:** Professional development of vocational teachers.

**CATEGORY 3:** Changing organizational models and approaches affecting delivery of programs.

### IDENTIFICATION OF THE ACTIVITY

PROGRAM SECTOR	
PROGRAM NAME	
TITLE OF THE ACTIVITY	
HOST SCHOOL BOARD	
CONTACT PERSON	TELEPHONE

### PARTICIPANTS REGISTERED WITH

SITE OF ACTIVITY OR CENTRE NAME
ADDRESS
TELEPHONE

DESCRIPTION OF THE ACTIVITY

(Please be as precise as possible)

General Objective

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Specific Objectives

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Content (will be used to develop the offer of service)

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TARGET GROUP

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Duration of the Session:

Approximate Number of Sessions:

Number of Participants per Session:

## Dates

## Locations

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**ANIMATOR INFORMATION***(To be filled out for each session and resource person)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**IF THE ANIMATOR REPRESENTS A COMPANY:**

Type of Company:                      Limited                      Registered                      Incorporated

Name of  
Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

## ASSOCIATED COSTS

# The Animator

## A. Animator's Fees

### Teaching Staff (hourly paid only)

Expenses for substitute teacher (only covered for the animator): (Ministry Rates)

Name of the school board associated with the animator:

### Workshop Presentation

number of day(s)		number of hours per day		\$ hourly rate per day		TOTAL
	X		X		=	

### Specialty Firm / Private Enterprise / Individual(s)

Date of Quote	Quote (PO) Number	Amount

Subtotal A: \_\_\_\_\_

## B. Animator Accomodations and Travelling Expenses (According to government rates)

Section B is for Teaching Staff (hourly paid only) - **\*\*Not for Specialty Firm / Private Enterprise / Individual(s)**

TRAVEL					
From:		To:	Nb. Km.	Rate	\$ Amount
1					
2					
3					
4					
5					
6					
TOTAL					

HOTEL ACCOMODATIONS	
Name of Hotel	Amount
1	
2	
3	
4	
TOTAL	

Subtotal B: \_\_\_\_\_

**C. Miscellaneous**

- Teaching Materials = \_\_\_\_\_
- Photocopying = \_\_\_\_\_
- Rental of Equipment = \_\_\_\_\_
- Rental of Space (outside of School Board premises) = \_\_\_\_\_
- Source Materials = \_\_\_\_\_
- Other (*specify*) = \_\_\_\_\_

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**Subtotal C:** \_\_\_\_\_**D. Subtotal for the Activity (total of A, B, C)****Subtotal D:** \_\_\_\_\_**E. Administrative Costs**of the allocated amount (*amount given at Subtotal D*)**Subtotal E:** \_\_\_\_\_

To be completed by the ELVEC IN-SERVICE COORDINATOR:

**F. Allowance for Participants****Substitution Compensation:** \_\_\_\_\_**Travel Compensation:** \_\_\_\_\_**Meal Compensation** \_\_\_\_\_**Calculation of the total allowance:****Subtotal F:** \_\_\_\_\_**G. Total Cost of the Activity****Grand Total:** \_\_\_\_\_\_\_\_\_\_  
Printed Name of Centre Director / Principal\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Centre Name\_\_\_\_\_  
Email\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Printed Name of Regional / Service Directors / PROCEDE Rep.\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

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CONSEIL DE LA FORMATION PROFESSIONNELLE DE LANGUE ANGLAISE

## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### LIST OF PARTICIPANTS

Activity Title: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Surname and First Name (Block Letters)	Signature	Position		School Board	
		Teacher	Other	Code	Name
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

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## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### PARTICIPANT EVALUATION FORM

**Activity Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Animator:** \_\_\_\_\_

Please complete this form and return it to the host.

For each statement listed below, please circle the number which best represents your opinion.

**(1) represents “strongly disagree” and (4) represents “strongly agree”**

	<b>Strongly Disagree</b>			<b>Strongly Agree</b>
1. The objectives identified at the start of the session were attained.	1	2	3	4
2. The content of this activity corresponded to the objectives of the program in question.	1	2	3	4
3. The didactic materials were of assistance.	1	2	3	4
4. The information I received during this session has helped me to develop new skills.	1	2	3	4
5. The information I received during this session is directly related to my assignment.	1	2	3	4
6. Overall, I was satisfied with the animator.	1	2	3	4

**Comments, suggestions:**

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## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### Activity Report

#### IDENTIFICATION OF THE ACTIVITY

Activity Title: \_\_\_\_\_

Duration of Session (No. of hours) \_\_\_\_\_

Name of Host School Board: \_\_\_\_\_

Activity Contact Person at  
Host School Board: \_\_\_\_\_  \_\_\_\_\_

Animator: \_\_\_\_\_

Cienteles:

Number of Participants:

Planned

Actual

Teachers \_\_\_\_\_

Others (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EVALUATION OF THE SESSION

On the basis of the participant evaluation forms, please indicate for each of these statements, the participants' level of satisfaction. In each column, put the total number of participants who chose that number

(1) represents “strongly disagree” and (4) represents “strongly agree”

Statements	Responses				Total
	- 1	2	3	+ 4	
1. The objectives identified at the start of the session were attained.					
2. The content of this activity corresponded to the objectives of the program in question.					
3. The materials were of assistance.					
4. The information I received during this session has helped me to develop new skills.					
5. The information I received during this session is directly related to my assignment.					
6. Overall, the group was satisfied with the animator.					
<b>Total:</b>					

## COST OF THE ANIMATOR AND RELATED EXPENSES

Total cost of the fees for the animator and the expenses related to holding the activity as outlined in the specification sheet:

<b>A. Fees for the Animator:</b>	
<b>B. Accommodation and Travel Expenses:</b>	
<b>C. Miscellaneous</b>	
<b>D. Subtotal for the Activity (A,B,C)</b>	
<b>E. Administrative Costs</b>	
<b>F. Allowance for Participants</b>	
<b>Total Cost of the Activity</b>	
<b>50% Financed for the Animator if Single Board. (50% of the Total of D and E)</b>	<b>Total Financed</b>



**DOCUMENTS TO BE SUPPLIED**

	✓
Specifications Sheet	
Registration Form	
List of Participants	
Participant Evaluation Forms	
Activity Report	
Documents Produced for the Session	
Other Documents Deemed Pertinent	

**EVENT HOST/CEN LIAISON WORKSHOP REPORT**

Overall, how would you rate the workshop?

How would you rate the animator's preparedness to deliver the content?

Were the topics covered relevant to your needs?

How would you rate the quality of the provided material?

What were the positive aspects of the workshop?

What could be done to improve this workshop?

Would you recommend this workshop to someone else? Why?

Signature of the contact person for  
the School Board: \_\_\_\_\_

Date: \_\_\_\_\_

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## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### In-Service Activities Host's Document Checklist

The following documents are needed in order to issue payment for any in-service activities that are run by your board.

1. *Specifications Sheet*
2. *Registration Forms*
3. *List of Participants*
4. *Participant Evaluation Form*
5. *Activity Report*
6. *Reimbursement Form - Workshop Spec. Sheet*
7. *Documents from session or any other documents deemed pertinent*

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## ***Section # 2: PARTICIPANTS***

- 1. Registration Form***
- 2. Request Form for :***
  - \*Teacher Substitution & Compensation***
- 3. Teacher Stages "Short & Long-Term" Documentation:***
  - \* Procedures***
  - \* Application Forms***
  - \* Checklist***
- 4. Stage Program Evaluation Forms :***
  - \* Business/Industry***
  - \* Teacher Stagiare***
- 5. Formulaire d'évaluation du programme :***
  - \* par l'entreprise***



# 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: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ Activity Site: \_\_\_\_\_ Tel: \_\_\_\_\_

Animator: \_\_\_\_\_

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Host School Board: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

### Section 2: Participants Information

1. First & Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

Language of Instruction: English French Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

2. First & Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

Language of Instruction: English French Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

3. First & Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

Language of Instruction: English French Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

4. First & Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

Language of Instruction: English French Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

5. First & Last Name: \_\_\_\_\_ Position: \_\_\_\_\_

Language of Instruction: English French Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Centre Principal / Director

\_\_\_\_\_  
Telephone Number

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ORDER OF PRIORITY

# Reimbursement Form #1

Teacher Substitution / Workshops / Stages / Conferences / CEN Training

Section 1: General Information					
School Board:					
Name of Teacher:					
Section 2: Teacher Request for Compensation					
Number of Requests:	1	2	3	4	5
Date: (mm/dd/yyyy)					
Specify Type of request:					
Teacher Status:					
Pay Scale x # of hrs	X	X	X	X	X
Substitution Cost:					
Kilometers x Board Rate	X	X	X	X	X
Travel Cost:					
Meals / Accomodations:	/	/	/	/	/
Conference Registration:					
Section 3: Request for Teacher Substitution Compensation - Stage					
Number of Requests:	1	2	3	4	5
Date: (mm/dd/yyyy)					
Stage Location:					
Teacher Status:					
Pay Scale x # of hrs x # of Days	X X	X X	X X	X X	X X
Substitution Cost:					
Totals					

*Grand Total for reimbursement:*

Printed Name of Centre Director / Principal

Signature

Date

Centre Name

Email

Telephone Number

Printed Name of Regional / Service Directors / PROCEDE Rep.

Signature

Date

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## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### Industry-Education Partnerships Initiative Long-Term Teacher Stage Project

#### **OBJECTIVES**

To promote and support partnerships which improve cooperation between education and industry and strengthen the links between what is taught in centres and what is needed in industries.

To promote quality training in vocational centres by providing teachers with the opportunity to benefit from a long-term stage experience in industry which focuses on upgrading their technical skills and knowledge of the workplace.

#### **PROJECT PARAMETERS**

To encourage industry to participate in this project, teachers will also be urged to discuss with prospective hosts the inclusion of some activity, project, short-term research they could undertake while they are on site which would directly benefit the industry. Individuals seeking Québec teacher certification may be able to make arrangements with the university to receive credit for their stage.

#### **THE APPLICATION & SELECTION PROCESS**

This contest is open to all individuals employed as vocational training teachers in any of the nine English-language school boards.

Teachers are invited to submit application forms to the In-Service Coordinator. All applicants must have the support of their school boards.

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## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### Industry-Education Partnerships Initiative Long-Term Teacher Stage Project

### SELECTION CRITERIA

Stage proposals will be judged on the following criteria:

- Links made to program content for which the teacher is responsible.
- Indication of possible ways the stage can benefit the host company.
- Clear presentation of the anticipated benefits of the stage activities for the individual and its application to the teacher's classroom, workshop or laboratory.
- A brief explanation of how the individual would plan to share his or her experience with colleagues and students.
- A letter of support from the stage host with an indication that, if the applicant is selected, the stage can take place within the proposed time frame.

### THE SELECTION COMMITTEE

This committee will be comprised of appropriate representatives, depending on the nature of the stage.

### PROJECT BUDGET

#### A. FINANCIAL REIMBURSEMENT TO CENTRES

Financial assistance will be provided to the vocational training centre in which the teacher is employed. The project budget will reimburse the cost of teacher substitution and benefits for the duration of the stage, to a maximum of twenty (20) teaching days.

On an annual basis, up to three applicants MAY be selected, if they satisfy the Selection Committee's criteria.

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## **MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS**

### **Industry-Education Partnerships Initiative Short-Term Teacher Stage Project**

#### **OBJECTIVES**

Teacher stages are a vital piece of an overall philosophy that encompasses industry-education partnerships. Consequently, this project's activities focus on:

- a. The process of establishing industry-education partnerships between vocational training centres and industry.
- b. The involvement of staff in setting personal in-service goals and stage objectives.
- c. The sharing of teacher experiences with colleagues

School boards and centres are encouraged to initiate projects that address their particular interests or needs.

#### **ELIGIBLE PARTICIPANTS:**

Participation in this stage project is open to all teachers employed during the current school year by the nine English language school boards of Québec.

#### **APPLICATION PROCESS:**

Interested teachers may request short-term stages at any time of the year. However, their application must be formalized by completing and submitting a signed application form to the in-service activities coordinator.

#### **FINANCING**

Up to three days' substitution costs at the standard rate in force for a given year. Reimbursements to centres will be made upon submission of appropriate proof of stage completion. Guidelines for this funding will be established by the Coordination Committee. All reimbursement requests should be made to the in-service coordinator.

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***REIMBURSEMENT CHECKLIST  
FOR CENTRE PRINCIPALS / DIRECTORS***

**Long & Short-Term  
Teacher Stage Project**

*Letter confirming the duration of the stage*

*Industry partner report*

*Teacher report*

*Invoices & receipts authorized by selection committee*

*Deadline for submission June 1<sup>st</sup> every year*

*Reimbursement Form #1*

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## MEES – ELVEC IN-SERVICE ACTIVITIES FOR VOCATIONAL TRAINING TEACHERS

### *Industry-Education Partnerships Teacher Internship Project* *Teacher Stage Application Form*

Long-Term Stage      or      Short-Term Stage

YOUR NAME: \_\_\_\_\_

YOUR BOARD: \_\_\_\_\_

YOUR CENTRE: \_\_\_\_\_

YOUR SECTOR: \_\_\_\_\_

YOUR PROGRAM: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home Tel: \_\_\_\_\_

#### A. YOUR BACKGROUND

Current teaching status:                  Regular                  Part Time                  Hourly

Number of Years of teaching experience: \_\_\_\_\_

Background Status:                  Trade                  or                  Professional

Teaching credentials:

*(please specify)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are not a certified teacher, are you currently enrolled in a university program?

Yes      No      If Yes, where? \_\_\_\_\_

Do you plan to use this stage for credit there?                  Yes                  No                  Not sure

## B. YOUR STAGE PROPOSAL

1. What type of stage are you planning?

General orientation to the sector/industry/workplace

Technical upgrading

Andragogical

2. **Your plan:**

Duration of stage: \_\_\_\_\_

Time of year: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone Number of Contact Person: \_\_\_\_\_

3. Have you identified links to the program competencies you teach?

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4. **General objectives:** Briefly describe why you want the following stage and what skills you hope to learn and apply to your teaching.

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5. **Sharing your knowledge:** How will you share what you have learnt with colleagues within your centre and others teaching the same program across Quebec?

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### C. YOUR AWARENESS OF THE WORK-STUDY CONCEPT

Have you ever completed a short-term stage? Yes No

Have you completed a long-term stage? Yes No

If yes, state when, where, stage focus, time involved:

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### D. ADDITIONAL INFORMATION

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### E. SIGNATURES

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**Teacher-Applicant**

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**Date**

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**Centre Principal / Director**

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**Date**

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**Regional / Service Director and/or PROCEDE Rep.**

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**Date**

**Return to Shelley Smythe - Email: [vtinservice@nfsb.qc.ca](mailto:vtinservice@nfsb.qc.ca)  
46 rue Roy Ormstown, QC J0S 1K0 - Fax: (450) 829-2398**

**INDUSTRY-EDUCATION PARTNERSHIPS  
TEACHER INTERNSHIP PROJECT**

**PROGRAM EVALUATION FORM BUSINESS/INDUSTRY**

Please complete this assessment at the end of the teacher's stay with you and return it to his or her Centre at:

Centre Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone : \_\_\_\_\_

Fax: \_\_\_\_\_

WE GREATLY APPRECIATE YOUR COLLABORATION

**GENERAL FEEDBACK :**

Name of Company: \_\_\_\_\_

Your Name: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_

Date(s) & Duration of Stage: \_\_\_\_\_

\_\_\_\_\_

Please rate the following statements by placing a number from the legend indicated below in the box which most closely matches your response to each statement:

**1 = strongly agree   2 = agree   3 = unsure   4 = disagree   5 = strongly disagree**

1. This program was worthwhile.
2. There were benefits to the company in participating.
3. I have developed an awareness of some related problems in education.
4. Overall, the teacher internship met its objectives.

**SPECIFIC FEEDBACK**

In responding to the following questions, please attach additional page(s) as required.

5. Was the time allotted appropriate? \_\_\_\_\_ If not, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What were the beneficial aspects of this experience?

- for the teacher

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- for your company

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7. What were the least beneficial aspect(s) of this experience?

- for the teacher

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- for your company

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8. Would you be willing to participate in the Teacher Stages Internship Program again?  
In what capacity: (e.g. training on site, industry-education council meetings)

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9. What recommendations would you like to make to

- the School Board or Centre providing training in your industrial or business sector?

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- future teacher-participants?

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Thank you for your collaboration. \_\_\_\_\_

Signature

\_\_\_\_\_ Date \_\_\_\_\_



**PARTENARIATS INDUSTRIE-ENSEIGNEMENT  
PROGRAMME DE STAGES POUR PERSONNEL ENSEIGNANT**

**FORMULAIRE D'ÉVALUATION DU PROGRAMME PAR L'ENTREPRISE**

Prière de remplir le formulaire d'évaluation à la fin du séjour de l'enseignante ou de l'enseignant dans votre entreprise et de retourner le document au centre de formation dont l'adresse figure ci-dessous :

Nom du Centre: \_\_\_\_\_

Adresse: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Télécopieur : \_\_\_\_\_

Téléphone : \_\_\_\_\_

NOUS APPRÉCIONS BEAUCOUP VOTRE COLLABORATION

**RENSEIGNEMENTS G'ÉNÉRAUX :**

Nom de l'entreprise : \_\_\_\_\_

Votre nom : \_\_\_\_\_

Nom de l'enseignant ou de l'enseignante : \_\_\_\_\_

Date(s) et durée du stage : \_\_\_\_\_

Veillez évaluer les déclarations suivantes en plaçant un nombre compris entre la légende indiquée ci-dessous dans la case qui correspond le mieux à votre réponse pour chaque énoncé :

**1 = tout à fait d'accord   2 = d'accord   3 = ne sais pas   4 = pas d'accord   5 = pas du tout d'accord**

1. Ce programme a été profitable.
2. L'entreprise a tiré profit de sa participation au projet.
3. J'ai pris conscience de certains problèmes liés à l'éducation.
4. De façon globale, le stage de l'enseignant ou de l'enseignante a atteint ses objectifs.

**RENSEIGNEMENTS PARTICULIERS**

Si la réponse aux questions suivantes demande plus d'espace, veuillez joindre les feuilles supplémentaires nécessaires.

5. La période accordée a-t-elle été suffisante?\_\_\_\_\_ Dans la négative, veuillez donner des explications.

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6. Quels ont été les aspects profitables de l'expérience?

- pour l'enseignant ou l'enseignante

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---

- pour votre entreprise

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7. Quels ont été les aspects les moins profitables de l'expérience?

- pour l'enseignant ou l'enseignante

---

---

- pour votre entreprise

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8. 

- Accepteriez-vous de participer de nouveau au programme de stage pour le personnel enseignant? À quel titre? (Ex. :formation sur place, réunions des conseils entreprises-écoles)

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9. Quels recommandations aimeriez-vous adresser :

- à la commission scolaire ou au centre qui fournit de la formation dans votre secteur d'activité?

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- aux enseignants et enseignantes appelés à participer au programme à l'avenir?

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**Merci de votre collaboration.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INDUSTRY-EDUCATION PARTNERSHIPS  
TEACHER INTERNSHIP PROJECT**

**PROGRAM EVALUATION FORM TEACHER STAGIAIRE**

Please complete this assessment at the end of your stage and return it to your Centre Director/Principal or Project Coordinator. They should, in turn, forward a copy to

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46 rue Roy Ormstown, QC J0S 1K0 - Fax: (450) 829-2398**

**THANK YOU FOR YOUR FEEDBACK**

**FEEDBACK :**

Name of Teacher: \_\_\_\_\_

Program: \_\_\_\_\_

Dates and Duration of Stage: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person and Position: \_\_\_\_\_

Position Held by Stagiare \_\_\_\_\_

Please rate the following statements by placing a number from the legend indicated below” in the box which most closely matches your response to each statement:

**1 = strongly agree   2 = agree   3 = unsure   4 = disagree   5 = strongly disagree**

1. My involvement in the Teacher Stage Project has helped me gain knowledge and experience related to my program/skill area.
2. I have found that this experience benefited me personally.
3. I feel that this provided a valuable opportunity for professional growth during my internship.
4. I have developed an awareness of some of the needs and expectations that industry has of my program area.
5. I have been able to explore some of the differences between the training I provide my students and what is expected of them in the workplace.
6. I will be able to make recommendations to enhance my program to better prepare students for employment and training in industry.
7. The time spent on my stage was adequate.

If not, explain below

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8. Would you recommend this company for a future  
teacher stage? student stage?

Please elaborate.

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9. What are some of the most important benefits you feel you received from participating in this project.

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10. If you could change anything about the project, what would it be?

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Teacher Signature

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Date

**Thank you for your input!**

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Signature of Centre Principal/Director

---

Date

## ***Section #3: CEN SPECIFIC***

- 1. Innovative Equipment***
- 2. Report For Reimbursements***
- 3. CEN Year-End Report***

## **CENTRES OF EXPERTISE NETWORK INNOVATIVE EQUIPMENT SUBSIDIES GUIDELINES To be used in 2020-2021**

### **Background Information:**

- For 2020-2021 the CEN budget includes \$80 000 earmarked for Innovative Equipment Subsidies. Proposed purchases must be for something **outside** of regular program updates.
- To be in line with most Ministry subsidizing programs, recipients are expected to pay a portion (usually 1/3) of proposed spending.
- It is incumbent upon a centre to assure proper installation and upkeep of any equipment in conformity with CSST standards.
- As a condition of receiving a subsidy, recipients must agree to provide training or orientation sessions regarding the use of any equipment or resources both for their own centre staff and for teachers from other centres delivering related programs.

### **Applications:**

- Interested centres should submit their requests using the form available
- Cost estimates should be based on actual price quotes from suppliers/installers.
- Applications must include signed proof from the board's PROCEDE director of a commitment to pay one-third of the proposed costs.
- All submissions must reach the PROCEDE Selection Committee: care of Shelley Smythe at vtinservice@nfsb.qc.ca by the date and time indicated for each application period.

### **Selection of Recipients:**

- PROCEDE will examine all submissions and could request supplemental information or justification.
- Priority will be given to submissions for purchases that clearly link to the CE's established priorities and that will benefit ALL centres offering programs in the CE's sector or other sectors.
- Centres will be notified in writing regarding the committee's decisions and the amounts and conditions applying to any grants accorded.

### **Reimbursement:**

- Reimbursements will be made upon submission of a written request which includes copies of related purchase orders and invoices.
- Delays in completing purchases or other upgrading activities should be signaled to the selection committee promptly.





# INNOVATIVE EQUIPMENT SUBSIDY APPLICATION FORM

## 2020-2021

YOUR BOARD: \_\_\_\_\_

YOUR CENTRE: \_\_\_\_\_

YOUR SECTOR: \_\_\_\_\_

YOUR PROGRAM: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

**OBJECTIVE:** Since the inception of the Centres of Expertise Network in 2008, centre personnel have expressed a concern about presenting themselves and their centres as models of “best practices” and examples to other boards starting up program delivery or requiring support to improve the quality of their delivery. Concerns have particularly focused on the state of equipment and workshops in centres and the importance of being in the forefront of sector developments. The objective of this subsidy is to assist you in upgrading your centre and your practices.

**THE SUBMISSION & SELECTION PROCESS:** Note that authorizing signatures from the Centre Director and PROCEDE representative are required as part of any application.

**WHAT THIS GRANT WILL COVER:** Based on last year's submissions: innovative equipment purchases outside of regular program updates and supplemental resources are a couple of ideas that can guide you. However, feel free to submit requests of any kind that can be justified as a positive contribution to the activities of a centre.

**PLEASE PROVIDE DETAILS INCLUDING COST ESTIMATES:**

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

**E. COMMENTS:** (how this will serve your CEN programs, etc.):

**F. TOTAL ESTIMATED COST:** \$ \_\_\_\_\_

**CENTRE'S ONE-THIRD COST:** \$ \_\_\_\_\_

Our Centre is prepared to pay one-third of the costs of any accepted requests.

\_\_\_\_\_  
Printed Name of Centre Director / Principal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Regional / Service Directors / PROCEDE Rep.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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46 rue Roy Ormstown, QC J0S 1K0 - Fax: (450) 829-2398**



## REIMBURSEMENT FORM #2

School Board: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Vocational Training Centre: \_\_\_\_\_

CEN Sector: \_\_\_\_\_

CEN Program: \_\_\_\_\_

CEN Contact Person/ Teacher Program Rep: \_\_\_\_\_

INVOICE TO: THE CENTRES OF EXPERTISE NETWORK - c/o Shelley Smythe at [ssmythe@nfsb.qc.ca](mailto:ssmythe@nfsb.qc.ca)

TIME PERIOD COVERED BY THIS CLAIM: *from:* \_\_\_\_\_ *to:* \_\_\_\_\_

\*\*all dates are formatted as mm/dd/yyyy

### Sections 1 and 2 are to be entered by the CEN liaison person

**1. CEN Liaison Person** Coordination Time Expenses to an annual maximum of \$750:

Does not include provincial and sector meetings

Total amount from expense worksheet: \$ \_\_\_\_\_

**2. Provincial Meetings** (Taken from Reimbursement Form #1)

CEN Liaison Person: Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

### Section 3: to be entered by CEN liaison person & school board representative attending the sector meeting

**3. Sector Meetings** (Taken from Reimbursement Form #1)

CEN Liaison person/ Date: \_\_\_\_\_ \$ \_\_\_\_\_

Teacher Representatives Date: \_\_\_\_\_ \$ \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_

Total amount claimed: \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Centre Director / Principal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Regional / Service Directors / PROCEDE Rep.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# VOCATIONAL TRAINING CENTRES OF EXPERTISE NETWORK (CEN) - YEAR-END REPORT School Year:

## GENERAL INFORMATION

Date of Application Request:  
(mm/dd/yyyy)

Type of Application Request:

Name of the School Board:

Vocational Training Sector:

Vocational Program & Code:

Centre Name:

Name of Liason Person:

Contact Telephone Number:

Ext:

Email:

- 1. Report on the Professional Development plan your CEN carried out this year.  
Explain the successes, learning moments, and challenges. (100 words or less)**

**2. Report on the communication strategies that you engaged in with your network over the course of the year. (i.e.: frequency, type, and follow up)**

**3. Report on which Centres applied for the innovative equipment project to your sector and how the projects were shared with the network.**

**4. Detail the method you used as a CEN to track your progress.**

**5. Explain what challenges most troubled your CEN this year and what supports you need to improve the network for the [next](#) school year.**

## **ADDITIONAL NOTES OR COMMENTS**