

**SPANISH LANGUAGE AND CULTURE ASSISTANTS**

**CANADA**

**APPLICATION FORM / AGREEMENT 2019-2020**

*Please email completed and signed form to: auxiliaresesp.usa@educacion.gob.es by* ***April 9th, 2019.***

**1. SCHOOL / SPANISH RESOURCE CENTRE (SRC) INFORMATION**

1. **School / Resource Centre**

|  |  |
| --- | --- |
| **Name of school or school district:**  | or **Name of university or school district with Spanish Resource Centre:**  |
| **City / Province:**  | **City / Province:** |
| Is the school part of our ISA network? |
| School district (if applicable):  |
| Address:  |   |
| City:  | Province:  |
| Postal Code.  | Country:  |
| Telephone:  | E-mail: |

Name of School Principal (if applicable):

Telephone:

E-mail:

Number of teachers:

Number of students:

Levels of Spanish being taught:

Number of Spanish language teachers:

Number of students taking Spanish:

Average number of students in Spanish classes:

* Would you agree to sharing the Language Assistant with another school?
* Would the assistant assigned to this institution need to have a driver’s license?
* Please provide additional information about your institution in order to help us assign the best candidate for you.

**2. MENTOR / REPRESENTATIVE INFORMATION**

1. Name of mentor:

Title/position:

Department:

Telephone:

E-mail:

1. Will this person pick up the assistant when he/she first arrives in the country?

If not, please provide the name of another person willing to welcome the assistant on arrival:

**3. ACCOMMODATION**

1. What accommodation arrangements will be offered?

Choose the option that applies:

1. \_\_ Payment of a monthly amount to help the assistant pay for their accommodation. *(Please specify the amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).*

***Please note that for the following options an address should be indicated and for option D a contact name is also required.***

1. \_\_\_\_Room in a furnished apartment. (Please write the address and describe the apartment utilities)
2. \_\_\_\_ University dorm. (Please write the address and describe the dorm facilities)
3. \_\_\_Private bedroom with a host family. (Please write the address and contact name with the host family, specify if meals will be also provided and add any other relevant information)

II. Will meals be provided at school/university?

Please specify:

**4. TRANSPORTATION**

For the assistants to be able to maximize their stay in this country, both professionally and socially, it is important that they have easy access to public transportation or their own means of transport. What arrangements will be made to provide free transportation to and from work for the assistant? Choose the option that applies:

1. \_\_\_\_\_ Monthly transportation allowance for the assistant: $ \_\_\_\_\_\_\_\_\_\_ month.

B) \_\_\_\_\_ Provide bus and subway fare on monthly basis.

C) \_\_\_\_\_ Provide the use of a car, reimburse the assistant for gas expenses incurred

 while driving to and from work-related activities, $ \_\_\_\_\_\_\_\_\_\_\_\_ month, and cover

 the cost of insurance and repair. Please give additional information:

D) \_\_\_\_\_Others (please describe):

**5. ASSISTANT’S DUTIES**

1. Please write a detailed description of what you expect the assistant to do, how many hours

you expect them to work and what their work schedule would be, bearing in mind that assistants should never be left alone in a classroom and their total work time should not exceed 20 hours per week.

1. What resources will be available for the assistant to use at your teaching institution?
* Computer.
* E-mail account.
* Photocopier access.
* Others (specify).

**6. PARTICIPATION IN THE PROGRAM**

1. How do you plan to integrate the Spanish language and culture assistant in the language

classes and activities at your teaching institution?

1. What interdisciplinary activities, if any, take place among teachers?
2. What other languages are taught at your teaching institution?
3. Why is the school/university with Spanish Resource Centre interested in participating in this

program?

**7. AGREEMENT CONDITIONS**

I will host a Spanish language/culture assistant for the assigned period of October through May. I have read the guidelines for the Spanish Culture and Language Assistants and accept the responsibilities as host institution including:

* Providing appropriate housing for the assistant, bearing in mind their age and personal profile and the distance to the teaching institution.
* Providing the assistant with a letter of invitation.
* Informing the assistant about the accommodation arrangements prior to their arrival.
* Informing the assistant about the school, school district/university and local community prior to their arrival.
* Planning the work schedule for the assistant in accordance with the program guidelines and ensuring they have the same privileges as other faculty members.
* Making the necessary arrangements to welcome the assistant at the airport when they first arrive.
* Preparing, in cooperation with the advisor and the assistant, progress and final reports of the assistant’s activities and providing them with a letter of recommendation, if warranted, at the end of the school year specifying the dates they have worked at your teaching institution.
* Informing the Education Advisor in my area of the accommodation, transportation and work arrangements made for the assistant.
* Providing information directly to CIC regarding the language assistant participating in the International Mobility Program. (Refer to “Offer of Employment to a Foreign National Exempt from a Labour Market Impact Assessment”). The host institution will have to provide to the language assistant a copy of the completed form and a submission reference number given by the CIC.

**If the provisions described in this application need to be changed due to unforeseen circumstances, the Spanish Education Advisor that services your province should be notified immediately.**

**8. ACCEPTANCE OF PROGRAM CONDITIONS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please write your full name here)* have read the information contained in the *Guidelines* and in this *Application Form.* I understand and accept the conditions of the Spanish Language and Culture Assistants Program and I confirm the acceptance of this agreement.

Name of person submitting this application:

Title:

Date:

Signature:

**Please print a copy of this agreement for your records**

The Education Advisor that services your province will notify you as soon as a decision has been made regarding your application.

You can review the 2019-2020 Guidelines for teaching institutions at

[http://www.educacionyfp.gob.es/eeuu/dam/jcr:84d413b8-e8b3-4198-a4fb-ce4e05f19d4f/guidelines%20for%20teaching%20institutions%202019-20%20canada%20-%20en.pdf](http://www.educacionyfp.gob.es/eeuu/dam/jcr%3A84d413b8-e8b3-4198-a4fb-ce4e05f19d4f/guidelines%20for%20teaching%20institutions%202019-20%20canada%20-%20en.pdf)