





**Candidate's Name:** \_\_\_\_\_

**PROFESSIONAL DETAILS**

**17. TEACHING CERTIFICATES (Permanent Certificate Required):**

| Type of Certificate | Subject/Level | Issuing Authority | Date of Completion/Number |
|---------------------|---------------|-------------------|---------------------------|
|                     |               |                   |                           |
|                     |               |                   |                           |
|                     |               |                   |                           |
|                     |               |                   |                           |

**18. PROFESSIONAL DEGREES AND DIPLOMAS (list in chronological order - starting with the most recent).**

| Name & Location of Institution | Dates Attended |    | Degree/Diploma | Major - Subjects |  |
|--------------------------------|----------------|----|----------------|------------------|--|
|                                | From           | To | Type           | Date             |  |
|                                |                |    |                |                  |  |
|                                |                |    |                |                  |  |
|                                |                |    |                |                  |  |
|                                |                |    |                |                  |  |
|                                |                |    |                |                  |  |

**19. TEACHING AND ADMINISTRATIVE EXPERIENCE (List in chronological order beginning with present position).**

USE ADDITIONAL PAGES IF REQUIRED.

| Dates |    | Position title | Employing School District | Grades taught | Subjects taught |
|-------|----|----------------|---------------------------|---------------|-----------------|
| From  | To |                |                           |               |                 |
|       |    |                |                           |               |                 |
|       |    |                |                           |               |                 |
|       |    |                |                           |               |                 |
|       |    |                |                           |               |                 |

**20. FORMAL YEARS OF TEACHING EXPERIENCE (AS OF JULY 1, 2000 \_\_\_\_\_):**

**21. MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS (PLEASE, NO ABBREVIATIONS):**

|  |
|--|
|  |
|  |
|  |

**22. EXTRA-CURRICULAR AND CURRICULAR SCHOOL ACTIVITIES (USE ADDITIONAL PAGES IF REQUIRED):**

List the activities in which you have played a leadership role during the past five years at your school(s).

|  |
|--|
|  |
|--|

**23. ANY OTHER WORK EXPERIENCE THAT YOU THINK MIGHT BE RELEVANT**

(USE ADDITIONAL PAGES IF REQUIRED):

|  |
|--|
|  |
|--|

**24. ATTACH COPY OF MOST RECENT PERFORMANCE APPRAISAL OR EQUIVALENT:**





Candidate's Name: \_\_\_\_\_

**MISCELLANEOUS DETAILS**

**34. MEDICAL INFORMATION:**

A. Do you or any accompanying family members suffer from any physical disability and/or allergy? If yes, give details.

Yes [ ] No [ ]

B. Are you or any of your dependents receiving medical treatment? Yes [ ] No [ ] If yes, give details.

C. Do any members of your family smoke? Yes [ ] No [ ]  
If yes, would you agree, upon request, not to smoke inside your exchange partner's home? Yes [ ] No [ ]

**35. SCHOOL STAFF MEMBER(S) WHO WILL ASSIST YOUR EXCHANGE PARTNER:**

| Name | Address | Telephone |
|------|---------|-----------|
|      |         |           |
|      |         |           |

**36. APPLICANT'S DECLARATION:**

If granted an exchange, I, \_\_\_\_\_ :  
(NAME OF APPLICANT)

- A. Agree to teach in the exchange position for the full school year or the exchange period of the hosting school authority;
- B. Agree to return to my current position or to a comparable position at the end of the exchange period unless alternative arrangements have been made with my District in writing;
- C. Agree to abide by the conditions of employment and the requirements of my host school/authority;

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_  
(PRINCIPAL OR OTHER)

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

**37. COMMITMENTS OF PRINCIPAL OR SUPERVISOR:**

- As principal of the \_\_\_\_\_ School, I:
- (a) Endorse the application of this teacher and attest to the suitability of this candidate for the teacher exchange;
  - (b) Agree to accept on the school staff a suitable exchange teacher as a replacement for this applicant for the exchange year. That implies that the Spanish teacher has the very same conditions of employment as the American teacher (absence/sick days, etc.)
  - (c) Confirm that I have read and discussed with the applicant the assignment for the incoming teacher;
  - (d) Agree to provide such assistance as required by both exchange teachers;
  - (e) Enclose a letter of recommendation for the applicant.
  - (f) I have read and accept the Teacher Exchange Program Facts of this application.

Principal's or Supervisor's  
Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Name / Title:

**38. CERTIFICATE OF SCHOOL DISTRICT:**

- On behalf of the School District of \_\_\_\_\_, I:  
(Name of school jurisdiction)
- (a) Endorse the application of this teacher and attest to the suitability of this candidate for teacher exchange;
  - (b) Agree to accept an exchange teacher, subject to future ratification of his/her suitability, as a replacement for this applicant for the exchange year;
  - (c) Agree to provide this applicant with the same or an equivalent teaching position on his/her return.
  - (c) Agree to accept on the school staff a suitable exchange teacher as a replacement for this applicant for the exchange year. That implies that the Spanish teacher has the very same condition of employment as the American teacher (Absences, sick days.....).
  - (d) I have read and accepted the Teacher Exchange program facts of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Position:

N.B. If this District has any restrictions regarding exchange teachers, these should be noted in an attached letter.



# Choice of Exchange Destination

PLEASE NOTE: Matches are attempted with applicants selected by the Spanish Ministry of Education and Culture after an official announcement is released to all interested teachers from different areas of Spain.

Please indicate **at least three choices** for autonomous communities for exchange **and up to six provinces within the autonomous communities where possible**. The more destinations you are willing to accept, the better your chances of getting an exchange. You will be consulted about the availability of your wishes before proceeding with a likely match.

1. This section should be completed by all applicants, regardless of whether they were completed on page 1 of this application. Please indicate below your preferred destinations by marking them 1, 2, 3, etc.

Autonomous communities and their provinces:

- Galicia (  La Coruña,  Lugo,  Orense, and  Pontevedra)
- Principado de Asturias (  Asturias)
- Cantabria (  Cantabria)
- País Vasco (  Álava,  Guipuzcoa,  Vizcaya)
- La Rioja (  La Rioja)
- Navarra (  Navarra)
- Aragón (  Zaragoza,  Huesca, and  Teruel)
- Cataluña (  Barcelona,  Tarragona,  Lérida, and  Gerona)
- Castilla y León (  León,  Zamora,  Salamanca,  Valladolid,  Palencia,  Ávila,  Segovia,  Burgos).
- Extremadura (  Cáceres and  Badajoz)
- Madrid (  Madrid)
- Castilla La Mancha (  Toledo,  Ciudad Real,  Cuenca,  Guadalajara, and  Albacete)
- Comunidad Valenciana (  Valencia,  Alicante, and  Castellón)
- Baleares (  Mallorca,  Menorca,  Ibiza)
- Murcia (  Murcia)
- Andalucía (  Almería,  Granada,  Málaga,  Córdoba,  Sevilla,  Jaén,  Cádiz, and  Huelva)
- Canarias  Las Palmas and  Santa Cruz de Tenerife)
- Cities  Ceuta  Melilla

Preference within the province for:

- Big city     Small city     Rural area

If you were sent to a very small community, would you be willing to accept?  Yes     No

# **REFERENCE FOR APPLICANT OF TEACHER EXCHANGE PROGRAM**

IMPORTANT: The success of the exchange program depends on the quality, both personal and professional, of the teachers representing the United States. We rely on those giving recommendations to determine if a teacher is a suitable candidate. This reference should be returned directly to the

**que cada uno ponga su dirección, tel y fax.** However, you may also return it to the applicant for its submission along with the application form.

1. Name \_\_\_\_\_ Applicant's  
Last Name, First Name, Middle Initial

2. \_\_\_\_\_ School

3. Please check the appropriate box (a) professional qualifications and (b) personal traits for each question below:

| (a) PROFESSIONAL QUALIFICATIONS:                                      | SUPERIOR | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | UNABLE TO COMMENT |
|---|----------|---------------|---------|---------------|-------------------|
| Knowledge of subject field  |          |               |         |               |                   |
| Effectiveness with students of diverse levels of preparation          |          |               |         |               |                   |
| Ability to work with colleagues, including those with diverging views |          |               |         |               |                   |
| Adherence to established administrative policies and procedures       |          |               |         |               |                   |
| (b) PERSONAL TRAITS:  |          |               |         |               |                   |
| Adaptability to change in living and working conditions               |          |               |         |               |                   |
| Resourcefulness   |          |               |         |               |                   |
| Self-reliance   |          |               |         |               |                   |
| Initiative  |          |               |         |               |                   |
| Diplomacy Skills  |          |               |         |               |                   |

4. Additional comments on the applicant's professional competence, experience, accomplishments, and personal qualities. Indicate also any limitations. Please indicate how long you have known the applicant.

|                              |                     |
|------------------------------|---------------------|
| 5. Referent's name and title | 6. Telephone number |
| 7. Signature                 | 8. Date             |



**CONFIDENTIAL:**

**PROTECTION OF CHILDREN**  
**DISCLOSURE OF CRIMINAL BACKGROUND**

This form is simply to forewarn us of problems that may be encountered with visas. This form will be retained at the Education and Science Office at the Embassy of Spain.

This information will be treated as "*confidential*" and will be kept on file. It will only be released to your Spanish employing authority by written request. If such a request is received, you will be notified in writing, as well.

1. Name: (Last Name, First Name, Middle Initial)

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2. School District:

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a) Name

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b) Address

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c) Contact person

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3. Have you been convicted of any criminal offense?

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4. Are any proceedings pending against you?

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If the answer to 3 or 4 is YES, please give details below:

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5. Should the employing authority in your host country request permission to contact your school district to make further checks, would you agree to this?      YES / NO

Note: you will be notified if such a request is made.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

**ACCEPTANCE OF THE CONDITIONS OF EXCHANGE BY THE SCHOOL PRINCIPAL**

**I have read the information contained in the Teacher Exchange Program Facts & Application Kit. I understand and accept the conditions of the Post to Post Teacher Exchange Program pertaining to the school of which I am Principal for the 2000-2001 school year, and I confirm that our candidate has accepted the agreement.**

\_\_\_\_\_

**Principal's Signature**

\_\_\_\_\_

**Date**

## CHECK LIST

### PLEASE CHECK THAT YOU HAVE INCLUDED ALL THE FOLLOWING:

THREE complete application forms, each stapled and each containing:

- All information required
- Three original passport-type photos
- Three copies of this application
- All necessary signatures and acceptance by the school Principal
- Postal codes with all addresses
- Two letters of recommendation

One of the three should be marked "original" at the top and contain all documents with original signatures and one of the sets of original pictures.

The following should be included but not stapled to the application:

- \_\_\_\_\_ ONE Choice of Destination Form
- \_\_\_\_\_ ONE Criminal Disclosure Form
- \_\_\_\_\_ THREE self-addressed labels
- \_\_\_\_\_ ONE acceptance of the conditions of exchange by the school Principal

Please do not mail the application until you have all of the above and can mail the complete package. No offers will be made if your package is incomplete.

### MAIL TO THE NEAREST EDUCATION OFFICE UNLESS OTHERWISE SPECIFIED BY YOUR STATE, COUNTY, DISTRICT, ETC.:

Espacio para que cada asesor ponga su dirección.

