



2026 ATA – Honduras Change for Children Professional Development Project INTERNATIONAL COOPERATION PROGRAM

(A joint endeavour by the Alberta Teachers' Association and its members to provide professional development opportunities for teachers in Honduras.)

Please note that the application is divided into two sections. Section A contains information of a general nature related to academic background and professional experience.

Section B asks for information of a more personal nature. Access to this information will be restricted to the selection committee, your team leader, and to the staff of the ATA's International Cooperation Program.

Please read the following before applying.

- 1. All applicants must
 - be a member in good standing of the Alberta Teachers' Association;
 - · hold a valid teacher certificate;
 - have completed at least three years of full-time teaching in Alberta before the overseas assignment commences;
 - · be a Canadian citizen;
 - be in excellent health and able to work in developing country conditions (a doctor's letter is required);
 - show evidence of flexibility, mature judgment, and a strong willingness to put the team and project needs above personal needs; and
 - at the time of application, hold a Canadian passport valid for at least 6 months after the overseas assignment concludes. Note: Proof that a passport application has been made will be accepted
- 2. Most travel and living expenses for participants are covered by the Alberta Teachers' Association, however some pre-departure supplies, vaccination costs and some meals during travel to and from the location will be the responsibility of the participants. Participants are responsible to ensure that they have healthcare and medical coverage for the trip.
- 3. Travel to the host country will be **arranged by CFC** in accordance with the travel guidelines established by the ATA. These guidelines state: "efforts will be made to apply the lowest possible airfares for travel associated with the ATA Change for Children PD Project that are consistent with the objectives of the program." Consequently, CFC will arrange travel by the most direct and most economical route and will purchase, whenever possible, excursion air tickets with the limitations that apply to such tickets.
- 4. The goal of the exchange is to improve the quality of education available to marginalized children and young people in Honduras through collaborating with teachers. The ATA teachers will assist with the professional development of teachers in the areas of bilingual education, technology for learning, climate change mitigation, Indigenous knowledge stewardship and other areas requested by local teachers. Participants will learn about approaches and challenges to teaching in remote Indigenous communities and the critical role of education in development.

- 5. This professional development experience takes you to rural and remote communities on the Caribbean north coast of Honduras. The team will have basic, simple, and secure accommodations and meals. Internet may be available, but most likely, participants will need to pay for additional data on their own for connectivity. For budgetary and safety reasons, it is the practice that participants share accommodation with one or more colleagues. For questions or concerns about the conditions of the trip please contact Lorena@changeforchildren.org.
- 6. Because of the nature of the project, participants are **not allowed** to be accompanied by friends or family during the Orientation program or during the placement overseas. Family and friends may travel with you before or after the ATA–CFC Exchange is complete.
- 7. Participants must accept that a project may be cancelled at the last minute due to unforeseen circumstances. In the event of cancellation, the ATA cannot guarantee placement on another overseas professional development project. If you cancel your participation within a month of the trip, you may be held responsible for the cost of the airfare and other expenses that have already occurred.
- 8. Participants are not permitted to drive a motorized vehicle during their stay abroad. Change for Children and the indigenous territorial government will be responsible for providing transportation in connection with the project.
- 9. It is expected that participants will share their experiences upon return to Canada. Participants are encouraged to speak at meetings of their teacher organization, community groups and school, and to participate in appropriate consultations and other events. Participants will be required to write an article about their experience and submit it for publication in the September/ October ATA News.
- 10. This program will take place in July 2026; however, the commitment to the ATA Honduras PD Project begins March 1, 2026, as team members participate in orientation meetings, and work together to plan their work and prepare materials. There will be at least one in-person meeting and several virtual meetings, as well as on-going virtual communication.
- 11. Spanish language ability is an asset but not a requirement. However, the team will include at least some Spanish-speakers.
- 12. A selection process based on experience, skills, participation in the ATA, and potential contribution to the team will be used to identify applicants for virtual interviews. The final decision of the selection of participants will be made in mid-February, 2026. Applicants will be notified of the outcome of their application by the end of February.

2026 ATA Honduras Professional Development Project

APPLICATION FORM FOR THE ALBERTA TEACHERS' ASSOCIATION

Information on this form is collected on behalf of the Alberta Teachers' Association

- Please provide all information requested in the space assigned for each response. Incomplete applications will not be processed.
- E-mail the complete application to internationalcoop@ata.ab.ca.
- Your application must be received by midnight **January 18, 2026**.

SECTION A

Name:			☐ Male	☐ Female	Other
(First) (Middle)			(L	_ast)	
Name as it appears on your Canadian passport:					
Passport expiration date:		<u> </u>	Level of Membership:	Active Member of Associate Memb	=
PLEASE ATTACH A PHOTOCOPY OF PAGE 2-3 OPASSPORT TO THIS FORM OR PROVIDE PROOF		_		ION	
Date of birth:		Age:			
Mailing address:	City	y:		Postal Code:	
Telephone: ()		Cell: ()		
Current workplace name:			Present Position:		
Address:	City:			Postal Code:	
Telephone: ()		Fax: ()		
Preferred e-mail:					

Please complete this page. Do not send a résumé or curriculum vitae.

Applicant:	Date	Page	3

ACADEMIC BACKGROUND (List most recent studies first.)								
	Name and location of teacher training institution or university and recent summer courses.		tes	Degre receiv	ee/Certificate red	Major a	Major area of study	
TEACHING BACKGOUND (List mos as a supply teacher.)* *Days worked as a supply teacher ma					-	rked ful	II-time, part-tim	e or
School and location	Position (teacher, principa	al)	Grade taught		Subjects tauç	ght	Years From	То
OTHER WORK EX	(PERIENCE (D				or summer po	ositions	5.)	
Job title	Dates	Certificate or Qualifications requi		equired Loc		Location		
		_						

LINGUISTIC ABILITY							
Rate your ability by selecting the appropriate level (from the dropdown box) on each category for each language:							
English Spanish							
← Oral Comprehension →							
←	V	Vritten Com	prehension	→	•		
←	C	Oral Express	sion	→	•		
←	V	Vritten Expr	ession	→	•		
In what language did you comple	ete your studie	es?					
Secondary level:	☐ Fren	nch \square	Spanish	Other (specify)		
University:	☐ Fren	nch \square	Spanish	Other (specify)		
What is your first language?	English	French	Spanish	Other (specify)		
In what language can you <i>compe</i>	<i>tently</i> teach?						
	English \Box	French	Spanish	Other (specify)		
L							
	SU	BJECT PRI	EFERENCES				
Bearing in mind that you will likely what subjects and levels would y for teachers interested in teaching technologies. Other topics in deneducation and health.)	ou feel confid g mathematic	ent teaching s, English la	gand in which nguage arts, s	language(s) science, soc)? (We receive ial studies an	e requests Id assistive	
				La	anguage of In	struction	
Subject	Primary	Jr. High	Secondary	English	French	Other	

EXPERIENCE IN ORGANIZATIONS
Outline your involvement in the Alberta Teachers' Association: (eg Specialist Council conference director, presented a session at teachers' convention, chair of Teacher Welfare Committee)
Outline your involvement in other educational organizations:
INTERNATIONAL COOPERATION PROGRAMS
a. Have you ever participated in any international and/or intercultural cooperation programs designed to assist people?
☐ Yes ☐ No
Overseas (specify countries, dates and nature of program):
In Canada (dates and nature of program):
List any other international and/or intercultural experience that you have had, including location(s), dates and duration of the experience(s):
Applicant: Date Page 6

SECTION B PLEASE RESPOND BRIEFLY. **DO NOT ATTACH ADDITIONAL PAGES.**

a. Why do you wish to participate in the ATA Honduras Professional Development Project?
b. Why do you think you are well suited to such an assignment?
c. What do you see as the responsibilities of the ATA Honduras Professional Development Project team members?

d. In your opinion, what are some of the challenges of participating in such a project? How would you cope with these challenges?
e. What do you think the general aims and objectives of an International Cooperation professional development program should be?
f. On the ATA Honduras Professional Development Project, it is important to put what is best for the project and your team before your own needs and wants. Please provide at least one example of when you have done so in the past.
g. Please describe any experience you have had facilitating workshops/courses:

h. Please describe how you would share what you learn th	rough the ATA Honduras Profession	nal Development
Project upon return to Canada.		
i. How do you think your experience will change your profe	essional practice? Your engagemer	nt within the
Association?		
EXTRACURRICU	LAR ACTIVITIES	
i Do you possess other training, experience or skills that o	ould contribute to the success of the	ne program (eg in a
j. Do you possess other training, experience or skills that c specific, sport, performing arts, etc)? Yes No	odia contribute to the success of the	ic program (cg in a
Applicant:	Date	Page 9

HEAI	LTH
k. How would you assess your current level of health?	(Poor) 1 1 2 3 3 4 5 5 (Excellent)
Participants are often exposed to extreme weather, less-the diet and frequently long work hours. Access to medical fact Given these circumstances, do you believe that your prese participant in your team?	silities and care may not be available in some locations.
List any technical aids (cane, hearing aids, etc), or access etc) you need, as well as food allergies or dietary restriction that we should be aware of prior to an overseas placement medications, aversion to particular modes of travel, insects	ns you may have. Also indicate allergies or factors , such as sensitivity to malaria prevention or other
Note: If you are selected you will be required to send a	written confirmation of good health by your doctor.

REFERENCES I authorize the Alberta Teachers' Association and the Change for Children ATA Professional Development Project in Honduras coordinator to contact by phone the two persons listed below in order to determine my suitability to participate in this project. 1. Principal Assistant principal Superintendent Work Name: Phone: (Email Address: Cell Mailing Address: Phone: (City: _____ Postal Code: 2. Either (1) an Alberta Teachers' Association official at the provincial or local level or (2) someone in the field of education (such as a university professor or an official with Alberta Education) who can attest to your involvement in education and your suitability as an ambassador of Alberta teachers. Work Phone: (Cell Email Address: Phone: (Mailing Address: Postal Code: ____ **SCHOOL BOARD** Name of present school board: Address: Postal Code: City: Telephone: () Fax: ()



ACKNOWLEDGEMENT AND WAIVER

Please complete the English **OR** French Waiver

I,, acknowledge that interr	national travel entails being exposed to a
variety of risks and hazards depending on the country tra other countries I may be exposed to contracting local illn	<u> </u>
present in Canada and that the available medical care ma	-
Other countries may have markedly different physical clissystems and political situations than Canada's. I am awar that I will be at greater risk of being the victim of violence civil conflict or terrorism. I am also aware that by travelin harassed, subjected to violence or subject to legal proceed views, sexual orientation, ethnic origin or other personal create similar risks in Canada.	re that traveling to other countries may mean ce, injury or death due to acts of crime, war, ng to other countries I may be targeted, edings based on my race, religion, political
I have made my decision to travel in this program based risks. I have not relied on any information or advice from that decision. I acknowledge that it is and will remain my associated with international travel.	n the Alberta Teachers' Association (ATA) for
I waive the right to advance any claim or action against to officers for or by reason of any injury, damage or loss I may program, even if that loss is caused or contributed to by the any of its agents, employees or officers. I further undertail defend the ATA and any of its employees or officers with	may suffer during my time abroad in this the negligent act or omission of the ATA or like to indemnify, save and hold harmless and
Participants are expected to research the countries they in general physician with respect to international travel and Advisory service at http://travel.gc.ca/travelling/advisorie insurance broker about forms of coverage including life insurance, kidnap and ransom insurance and any other for the risks of international travel.	to consult the Government of Canada Travel es. Participants are also advised to ask their insurance, disability insurance, medical
(Signature of Participant)	(Date)
(Signature of Witness)	(Date)



ATTESTATION DE RECONNAISSANCE ET DE RENONCIATION

Je soussigné ou Je soussignée,	s ou à des parasites rares ou non ns le pays d'affectation pourraient
Je comprends et accepte que les autres pays peuvent présenter un clir sociales, un système judiciaire et une situation politique radicalement conscient ou consciente qu'en voyageant à l'étranger, je m'expose à violence, de subir des blessures ou de trouver la mort en raison d'acte guerre ou d'un conflit civil; que je suis également conscient ou consc je peux être pris pour cible, victime de harcèlement ou de violence, o en raison de ma race, de ma religion, de mes opinions politiques, de rorigine ethnique ou d'autres caractéristiques personnelles qui ne pose	t différents du Canada; que je suis un risque accru d'être victime de es criminels ou terroristes, d'une iente qu'en voyageant à l'étranger, u faire l'objet d'actions en justice mon orientation sexuelle, de mon
Je reconnais que ma décision de voyager dans le cadre de ce program connaissance et évaluation des risques. Je ne me suis fié ou fiée à auc l'Alberta Teachers' Association (ATA) pour prendre ma décision. Je m'informer des risques associés aux voyages à l'étranger me revient,	un renseignement ou conseil de reconnais que la responsabilité de
Je comprends que l'ATA n'assume aucune responsabilité envers moi y compris, mais sans s'y limiter, aux réclamations pour perte, domma séjour à l'étranger dans le cadre de ma participation à ce programme. garantir, à défendre, à protéger et à dégager de toute responsabilité l'as a haute direction et de son personnel concernant toute réclamation q pertes, les blessures ou les dommages causés, entièrement ou en partionission de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de la part de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents ou les membres de sa haute de l'ATA, ses agents de la part de l'ATA, les agents de la	ages ou blessure, tenant à mon Par conséquent, je m'engage à ATA, ses agents ou les membres de ue je pourrais avoir, y compris les ie, par un acte de négligence ou une
Il est attendu que les participants se renseigneront au préalable sur le visiter, qu'ils consulteront leur médecin généraliste relativement au consulteront la page du service Conseils aux voyageurs et avertisses voyager/avertissements). Il est également conseillé aux participants courtier d'assurance, au sujet des formes de protection offertes, y co invalidité, l'assurance médicale, l'assurance contre les enlèvements autre forme de protection pouvant pallier les risques liés aux voyages de protection pouvant pallier les risques les protections de protection pouvant pallier les risques de protection pouvant pallier les risques les protections de protection pouvant pallier les risqu	x voyages à l'étranger, et qu'ils ments (https://voyage.gc.ca/ de s'informer, auprès de leur ompris l'assurance vie, l'assurance et les demandes de rançon, et tout
(Signature du participant ou de la participante)	(Date)
(Signature du témoin)	(Date)

Please complete the English $\underline{\mathbf{OR}}$ French Waiver

	ACKN	OWLEDGMENT			
As	an ATA Honduras Professional Development Project app	licant, I understand and accept the following conditions:			
1.	1. I understand that every effort will be made to assign successful applicants in accordance with their skills and experience, but I am also aware that the nature of the requests from the host country may make this impossible.				
2.	I am willing to accept the assignment in Honduras.		T Yes		
3.	I understand that the ATA Honduras Professional Deve participants are expected to share accommodation wh		Yes		
4.	I understand that because of the nature of the ATA Honduras Professional Development Project, I am not allowed to be accompanied by friends or family during the placement overseas.				
5.	I attest that I am a Canadian citizen.		Yes		
6.	I attest that I have taught full-time in Alberta for a mir	nimum of three full years.	Yes		
7.	I attest that I am currently a member in good standing	of the Alberta Teachers' Association.	Yes		
8.	Be in excellent health and able to work in developing of	country conditions.	Yes		
9.	Show evidence of flexibility, mature judgment, and a st personal needs.	rong willingness to put the team and project needs above	☐ Yes		
10. I understand that participants are not permitted to drive a motorized vehicle during their stay abroad.					
11. At the time of application, hold a Canadian passport valid for at least 6 months after the overseas assignment concludes; note - proof that a passport application has been made will be accepted.					
12.	12. I have attached a copy of page 2-3 of my passport				
13.	I have signed the attached Participant Acknowledgement original to the ATA.	ent and Waiver Agreement and remitted the signed	Yes		
14.	I consent to the collection, use and disclosure of my per Cooperation participants by the Alberta Teachers' Associated in the collection of the collection o				
	I understand that any photos or videos I take during my in print or electronically.	y time overseas can be used for ATA publications either			
	I consent to and understand that the Alberta Teachers' purpose of selecting Alberta ATA Honduras Profession.				
I consent to and understand that if I am selected as an Alberta nominee by the Alberta Teachers' Association, my personal information will be collected, used, and disclosed by the ATA for the purpose of a. communicating with me about my involvement in this PD Pilot; b. administering all aspects of my assignment, travel, and return to Canada; and c. ensuring all regulatory and eligibility requirements related to my involvement in the PD Pilot are met. d. communication with other International Cooperation participants					
I consent to the Alberta Teachers' Association's further collection, use and disclosure of additional personal information required to grant final approval to my application to participate in the ATA Honduras Professional Development Project.					
I understand that the privacy officer of the Alberta Teachers' Association is available to answer my questions regarding the ATA's collection, use or disclosure of my personal information (1-800-232-7208 or 780-447-9400).					
Dat	e:	Signature:			

ATTESTATION DE RECONNAISSANCE			
En tant que candidate ou candidat à un programme du Projet outre-mer, je comprends et j'accepte les conditions suivantes:			
1.	Je comprends qu'on fera tous les efforts possibles pour assigner aux candidates et candidats retenus une affectation conforme à leurs compétences et à leur expérience, mais que, vu la nature des demandes provenant du pays d'accueil, cela pourrait s'avérer impossible.		
2.	Je consens à accepter mon affectation au Honduras.		Oui
3.	Je comprends que le Projet de perfectionnement professionnel ATA-Honduras repose sur le travail en équipe et que les bénévoles sont tenus de partager les logements pendant leur affectation à l'étranger.		Oui
4.	Je comprends qu'en raison de la nature du Projet, les membres de la famille et les amis ne peuvent pas accompagner les bénévoles pendant le séjour à l'étranger.		Oui
5.	J'atteste que j'ai la citoyenneté canadienne		Oui
6.	J'atteste que j'ai enseigné à temps plein pendant trois années complètes en Alberta.		Oui
7.	J'atteste que je suis présentement membre en règle de l'Alberta Teachers' Association (ATA).		Oui
8.	J'atteste que je jouis d'une excellente santé et que je peux travailler dans les conditions propres aux pays en développement.		Oui
9.	J'atteste que je ferai preuve de souplesse, d'un bon jugement et d'une volonté ferme de placer les besoins de l'équipe et du projet avant mes besoins personnels.		Oui
10.	. Je comprends qu'il est interdit aux participants de conduire un véhicule motorisé pendant leur séjour à l'étranger.		Oui
11.	. J'atteste détenir, au moment de déposer ma demande, un passeport canadien valide pendant au moins 6 mois suivant la fin de mon affectation dans le cadre du Projet (notez qu'il est possible de répondre à cette exigence en fournissant la preuve du dépôt d'une demande de passeport).		Oui
12.	. J'ai signé l'Attestation de reconnaissance et de renonciation (ci-jointe) et j'en ai remis la version originale signée à l'ATA.		Oui
13.	Je consens à la collecte, l'utilisation et la divulgation par l'ATA, au nom de la Change for Children Association, des renseignements personnels fournis dans le présent formulaire.		
	Je comprends que toute photo prise ou vidéo captée ples publications imprimées ou électroniques de l'ATA.	pendant mon séjour à l'étranger pourrait être utilisée dans	
	Je comprends et je consens à ce que l'ATA utilise mes candidates et candidats de l'Alberta qui seront invités ATA-Honduras.		
	Advenant ma sélection à titre de candidat de l'Alberta par l'ATA, je comprends et je consens à la collecte, l'utilisation et la divulgation de mes renseignements personnels par l'ATA pour : a. communiquer avec moi au sujet de ma participation à ce projet pilote; b. administrer tous les aspects de mon affectation, y compris mes déplacements et ma rentrée au Canada; c. assurer que toutes les exigences règlementaires et d'admissibilité relatives à ma participation à ce projet pilote sont satisfaites. Je consens à la collecte, l'utilisation et la divulgation par l'ATA de renseignements personnels additionnels nécessaires à l'approbation finale de ma demande de participation au Projet de perfectionnement professionnel ATA-Honduras. Je comprends que l'agente ou l'agent de la protection de la vie privée de l'ATA est disponible pour répondre à mes questions concernant la collecte, l'utilisation et la divulgation de mes renseignements personnels par l'ATA (1-800-232-7208 ou 780-447-9400).		
Date:		Signature:	

INTERNATIONAL COOPERATION PROJECTS OTHER THAN THE ATA HONDURAS PROFESSIONAL DEVELOPMENT PROJECT

The ATA is involved in a number of International Cooperation projects other than the ATA Honduras Professional Development Project. From time to time teachers are needed to assist with these projects in similar capacities. If you are interested in being considered for such work, please sign below to confirm your willingness to keep your file active with the Association for a period of one year from the date your application was received.

I would like to keep my file active with the Association for a period of one year, in order to be considered for International Cooperation projects other than the ATA Honduras Professional Development Project within this time period. I understand that my personal information will remain confidential and will be used for the sole purpose of such initiatives.



