



John Huntley Memorial Internship Program

APPLICATION FORM

Date: _____

Name _____

Address _____

Local _____

Phone (w) _____ (h) _____ Fax _____

Email _____ No. of Years Teaching _____

Position _____

OUTLINE IN POINT FORM:

I am interested in interning for the following reasons:

(Use back of sheet for additional information)

My Union experience to date:

(Please note that such experience is not necessarily a prerequisite to program acceptance.)

Additional relevant information:

Note: THIS IS A TWO-DAY INTERNSHIP

DEADLINES
September 15 November 15 February 15 April 15

RETURN TO:
The Executive Director
Nova Scotia Teachers Union
3106 Joseph Howe Drive
Halifax, Nova Scotia B3L 4L7

Fax: 477-3517