

Reading Recovery Tutor training Study Award Application Form for 2010

Please answer all questions. Closing date for applications is
18 September 2009.

Which Study award scheme are you applying for (please tick):

National Reading Recovery Centre, Auckland College of Education – (RR)

Personal details

Surname: First Name:

MoE Employee Number: Registration status: **P** Teacher Registration Number:
(on your payslip) Provisional (P); Subject to confirmation (STC); -Full (F) – please circle **STC** **F**

Street Address:

Locality:

Town / City: Postcode:

Contact telephone numbers: Home / Mobile: Work:

Email Address:

School: MoE School Number:

Institution contact details, if not a school (full address, phone, email):

Current Position:

Are you a permanent or fixed term employee? Perm Fixed Total years of completed teaching service:

Are you a Fulltime (FT), Part-time (PT)? Circle - **FT** **PT**

Employment History**:	From	To	Institution	Position Held

Main teaching areas or strengths:

For statistical purposes only: Male Female Date of Birth: Ethnicity:
Date Month Year

Current qualifications and study details

Your completed Qualifications and/or trade or profession qualifications**:	Institution	Qualification	Year

** please continue on a separate page if necessary

Current qualifications and study details

Incomplete and/or recent study**:

Institution	Qualification	Year

Have you had paid study leave or a fellowship in the last 5 years?

- Yes
 No

If yes, please give details of type, year & length:

Year	Type	Length (weeks/days)

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Proposed Study

Qualifications sought:

Checklist

In addition to your completed application form, please also include as attachments:

- A. A copy of your study plan- please see the guidelines for instructions on what information is required;
- B. A letter of support from your principal or senior colleague.

Please do not attach photographs, work samples or your curriculum vitae.

Declaration

In making this application, I certify that the **information given is true and accurate and complies with the eligibility criteria.**

My personal information included in this application will be used for the application and management of the award purpose only.

I understand that if successful, this award provides me with **leave on full pay** for a specified period from my current permanent position in a state school, and entitles me to a contribution to expenses as stated on the attached form.

I understand that if granted a *teachers' study award*, I will be required on request to **confirm my enrolment and later provide a transcript showing studies undertaken and results achieved** during the period of leave with pay.

I accept that the **decision of the selection panel is final, and that no correspondence will be entered into.**

Signature of Applicant:

Date:

Principal signature:

Date:

The Board of Trustees will approve leave with pay, should an offer be made.
(If this approval has not been sought or given, please provide an explanation.)

Board Chairperson
Signature:

Date:

Note for the Board Chairperson: In signing this application, this board signature confirms any permissions associated with approving this application have been agreed to by the Board of Trustees

Send one (1) unbound copy of your completed application to:
**Administrator, Teachers' Study Awards,
Ministry of Education,
PO Box 1666, WELLINGTON**

Please note that faxed or emailed applications cannot be accepted.

Applications must be postmarked no later than **Friday 18 September 2009.**

For enquiries contact:



Call: (04) 463 4859



Fax: (04) 463 8252

Email: teacher.studyawards@minedu.govt.nz

www.minedu.govt.nz/goto/studyawards

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