

# Teachers' Study Awards Application Form for 2010

Please answer all questions. Closing date for applications is

**Friday 24 July 2009.**

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

Primary Teacher (PT)

Secondary Teacher (ST)

Area Teacher (ST)

## Personal details

Surname:

First Name:

MoE Employee Number:  
(on your payslip)

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

Registration status:  
Provisional (P); Subject to confirmation (STC); -Full (F) – please circle

**P**  
**STC**  
**F**

Teacher Registration Number:

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

Street Address:

Locality:

Town / City:

Postcode:

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

Contact telephone numbers:

Home / Mobile:

Work:

Email Address:

School:

MoE School Number:

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

For statistical purposes only:

Male

Female

Date of Birth:

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

Date Month Year

Ethnicity:

## Current qualifications and study details

Your completed Qualifications\*\*:

| Institution | Qualification | Year |
|-------------|---------------|------|
|             |               |      |
|             |               |      |
|             |               |      |
|             |               |      |

Incomplete and/or recent study\*\*:

| Institution | Subject | Year |
|-------------|---------|------|
|             |         |      |
|             |         |      |
|             |         |      |
|             |         |      |

\*\* Please add extra A4 pages if necessary.

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) |
|------|------|---------------------|
|      |      |                     |
|      |      |                     |
|      |      |                     |

**Proposed Study**

Qualifications sought:

Proposed course of study:  
(please give more details in your attached study plan)

| Paper code | Level | Paper title | Credits/points | Institution |
|------------|-------|-------------|----------------|-------------|
|            |       |             |                |             |
|            |       |             |                |             |
|            |       |             |                |             |
|            |       |             |                |             |

Period of leave sought (give number of school weeks excluding term breaks):

Will your study be Full-time or Part-time?

Full-time  
 Part-time

Will you complete the study/project this year?

Yes  
 No

Note: Full time study provides 32 weeks for 120 credit study load

**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 does not entitle me to any other benefits or expenses.

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 24 July 2009.**

**For enquiries contact:**



Call: (04) 463 4859



Fax: (04) 463 8252

Email: [teacher.studyawards@minedu.govt.nz](mailto:teacher.studyawards@minedu.govt.nz)

[www.minedu.govt.nz/goto/studyawards](http://www.minedu.govt.nz/goto/studyawards)