

Study Support Grant Application Form for 2010

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

Which study support scheme are you applying for (please tick):

Secondary Teacher (STG) Area Teacher (ATG)

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

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. Letters of support from senior colleagues including your principal (max of 3); and
- C. A certified copy of your current NZ Teachers' Council practicing certificate.

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 a time allowance of **0.16 FTTE** (equivalent to four hours per week) **for one year, and reimbursement of up to \$500 towards course fees on successful completion** of the course(s), and does not entitle me to any other benefits or expenses.

I understand that if granted a *Teachers' Study Support Grant*, 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 the grant.

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