ECE SUPPORT GRANT FOR PROVISIONALLY REGISTERED TEACHERS (PRT) APPLICATION FORM July - December 2012

OPENING DATE: 23 July 2012

CLOSING DATE: 31 August 2012

PRT02 PROVISIONALLY REGISTERED TEACHER FORM — to be completed and signed by

Provisionally Registered Teacher (PRT). Section 4 must be signed by Service Provider Contact /Licensee and PRT

FAXED APPLICATIONS WILL NOT BE ACCEPTED

If you have any questions about this form please contact Vicky Shuker on (04) 463 8000 or via email ECE.PRTGrant@minedu.govt.nz
Copies of the completed form should be kept by both the service and the PRT.

SECTION 1: Provisionally Registered Teacher Details								
Teacher Registration Number		rst Name		Middle N	ame (optional)	Last Name		
Postal Address								
Street/PO Box Number:								
Suburb / RD Number:								
City/Area: Post Code:								
Phone Number: (0) Email Address:								
Citizenship/Residency	(please tick one) ☐ I am a New Zealand citizen ☐ I have permanent residency status ☐ Other (please specify)						status	
	African		☐ Chinese		Cook Island Māori		☐ Indian	
	Latin American	າ □ Mid	dle Eastern	☐ Niuean		□ NZ Māori	□ Samoan	
(You can select between 1 and 3)	NZ European/F	Delie he	a □ South East Asian		okelauan	☐ Tongan	☐ Other European	
,	Other Pacific Is	_	☐ Other (please specify)			J		
Are you permanently employed? (tick one) YES□ NO□ If yes, are you part time or full time? (tick one) Part time □ Full Time □								
SECTION 2: Provisional Registration and Qualification Details								
Have you applied for the Grant previously? (tick one) YES □ NO □ If "NO" please fill in ALL of Section 2								
If "YES", how many times have you received the grant?				If "YES" go to Section 3				
Date Provisional Registration gained (dd/mm/yyyy) / / Copy of letter from Teachers Council attached □								
Do you have an NZTC recognised ECE Qualification? (tick one) YES □ NO□ Copy of qualification						fication attached		
SECTION 3: Provisionally Registered Teacher's Declaration signed by provisionally registered teacher								
Please read each statement, then sign and date to indicate your agreement to the statements.								
I confirm that the details I have recorded on this application form are true and correct. I confirm that I have read and agree to the Application Conditions of the ECE Support Grant for PRT(s) (as specified in the Application Conditions								
and Guidance).								
I agree to inform the Ministry of Education within three weeks if I cease to be employed at the service that is specified in this application. I understand how my service intends to support me to gain full teacher registration with the ECE Support Grant for PRT(s) (as specified in Section								
4 below). Nome of DRT (places print) Signature of DRT								
Name of PRT (please print)		Signature of PRT					Date	
							1 1	
SECTION 4: Joint Attestation signed by Service Provider Contact/Licensee (as listed on the Service's Licence) and PRT								
Please tick the boxes to show how the grant will be used. The uses of the grant must be negotiated and agreed to by the PRT and the Service Provider.								
	Release time for PR teacher – including the cost of relievers							
PRT professional learning	Induction and mentoring supervisor/tutor (from the same service as the PR teacher) release							
	time for observing and advising the PR teacher. This includes the cost of relievers Payment of fees for an external induction and mentoring supervisor/tutor							
Donforming all development	nt Fees and travel costs for attendance at seminars, conferences, workshops, short courses and observations of best practice models NOTE: the reason for attendance needs to relate to the PR							
Professional development opportunities								
Formative and summative	onal practice specifically for use in creating a dossier of work							
evaluations of professional prac								
Signature of Licensee/ Service Provider Contact Date Signature of PRT Date								