**Aichi - Victoria Teacher Exchange Program 2016**

**Application Form**

**School details**

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| --- | --- |
| School Name |  |
| School profile | No. of students |  | No. of EFT staff |  |
| School Address |  |
| Suburb/town |  | State | VIC | Postcode |  |
| Postal Address (If different to above) |  |
| Suburb/town |  | State | VIC | Postcode |  |
| Principal name | Title |  |
| Principal Contact | Work |  | Mobile |  |
| Email |  |

**Eligibility**

To be eligible for selection to participate in the program, the school must satisfy all the following criteria. Please tick to indicate your acceptance.

|  |  |  |
| --- | --- | --- |
| Able to host an Aichi teacher in your school and provide a suitable 4 week program from 24 July to 19 August 2016 | Yes  |  |
| Able to provide a suitable homestay for Aichi teacher from 24 July to 19 August 2016 | Yes |  |
| Able to release a suitable teacher to undertake a 4 week exchange to Aichi, Japan from 7 November to 1 December 2016 | Yes |  |
| Able to release the participating teacher to attend all pre and post Exchange Program activities organised by DET  | Yes |  |

**Principal Declaration**

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| I have read the Aichi - Victoria Teacher Exchange Program Information for Applicants. I agree to abide by the conditions and responsibilities as set out in this information and endorse the teacher nominated as partner teacher. All information in this application is true and correct. |
| Principal Signature: | Name: | Date: ----/----/---- |

**Selection Criteria**

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| 1. Outline the reasons for your school’s interest in participating in the 2015 Aichi - Victoria Teacher Exchange Program, including how the Program aligns with your current strategic improvement priorities and internationalisation activity.
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| 1. Outline how the Exchange Program will benefit your students, teachers and school community.
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| 1. Outline your proposed approach to supporting the professional learning of the visiting Japanese teacher, including opportunities for him/ her to improve his/her English language skills.
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| 1. Other relevant information to support the application if necessary.
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**Teacher agreement**

The teacher nominated as a partner teacher to participate in the 2016 Aichi - Victoria Teacher Exchange Program, including the visit to Aichi from 7 November to 1 December 2016, to complete this section

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Title  | First Name | Surname |
| Gender  | Male Female | Years of teaching experience |  |
| Role in the school in 2016 |  | Year levels taught in 2016 |  |
| Teacher’s contact details  | Work telephone number | Mobile telephone number |
| Email address |

|  |
| --- |
| I have read the Aichi-Victoria Teacher Exchange Program Information for Applicants. I agree to participate in all aspects of the Program and abide by the conditions and responsibilities as set out in this information. |
| Teacher’s Signature | Name | Date |

Please email your completed application by **Tuesday 17 May 2016** to

Daniel Yong at yong.kean.k@edumail.vic.gov.au

Queries about the Aichi-Victoria Teacher Exchange Program to be directed to Daniel Yong on 9637 3647

***Please scan your full submission and email to:***

andreana.connie.c@edumail.vic.gov.au

By **Friday 15 November 2013.**

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