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| cid:image001.png@01D39B46.8B669C10 Logo for the Victorian State Government Department of Education and Training  Independent schools Victoria logo    Victorian International Teaching Fellowship 2019 For the Terms and Conditions of the Fellowship program and information on how to apply, read the accompanying documents on the DET website.  *Insert a passport style digital photograph within this space*  **Note:** This application and supporting documentation must be provided electronically to the International Education Division (IED) of Department of Education and Training (DET) as one document. **Applications are due on Friday 20 April 2018.**   | SECTION A : PERSONAL, CITIZENSHIP & SCHOOL DETAILS | | --- |  | Surname: |  | | | | Title: |  | | | --- | --- | --- | --- | --- | --- | --- | --- | | Given Names: |  | | | | DOB: |  | | | Street Address: |  | | | | | | | | Suburb/Town: |  | | | Post Code: | | |  | | Home Phone: |  | | Mobile Phone: | |  | | | | Email Address: |  | | |  | | | | | Religious Denomination (optional): | |  | |  | | | | | How many people will be accompanying you? | | |  |  | | | |  | Are you an Australian citizen?  (please circle) | | **YES** | **NO** | | --- | --- | | | --- | --- | --- | --- | | If you are a citizen of another country, please list all the citizenships you hold including those held by accompanying family members as this can affect your application for a visa |  |  | Current School: |  | | | | | | | | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Street Address: |  | | | | | | | | | Suburb/Town: |  | | | | Post Code: | | |  | | School Phone: |  | | School Fax: | | |  | | | | Email Address: |  | | | | | | | | | Principal: |  | | | | | |  | | | Student Population: |  | Number of Teachers: | | | | |  | | | Position in School: |  | | | VIT Registration No.: | | |  | |  | **SECTION B : ELIGIBILITY & PREFERRED LOCATIONS** | | --- |  | Are you currently in an ongoing position in a Victorian school? | | |  | | --- | --- | --- | --- | | At the time of application, how many years have you been teaching at the equivalent of a full time load? | | |  | | Will your current health allow you to undertake this year-long program? | | |  | | Please obtain a medical certificate from your doctor and attach it to this application. | | | | | Have you ever been convicted of a criminal offence? |  | Year: |  | | If yes, specify below the nature of the conviction and resulting penalty. | | | | | Have any of your accompanying family members been convicted of a criminal offence? If yes, please specify the nature of the conviction. | | | | |  | | | |   **Preferred overseas appointments** Please number your preferences below with 1 = first choice. Do not number preferences that you will not accept.   | **Country** | | **Region** | | **School type** | | **Role** | | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Canada |  | Metropolitan |  | Primary |  | Class Teacher | |  | Germany |  | Regional |  | Secondary |  | School Leader\*\* | |  | UK |  | Rural |  | Special |  | Other (Specify) | |  | United States of America | | | | |  | | |  | Would you be prepared to accept a July/ July exchange? | | | | | | |   \*\* Principal, Assistant Principal |
| **SECTION C : PROFESSIONAL DETAILS** |
| **Current teaching & leadership duties** Check the box ⮽ in the left column if the incoming teacher may be expected to teach this learning area/subject.   | **⌧** | **Learning areas/subjects currently teaching** | **Year Levels** | **Age Range** | **Hours Per Week** | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| | **Other possible areas/subjects for the incoming teacher** | **Year Levels** | **Age Range** | **Hours Per Week** | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | **Learning areas/subjects you are qualified to teach** List one area/subject per field |  | | --- | --- | |  | |  | | **Other learning areas/subjects you have taught** List one area/subject per field |  | |  | |  |  |   **Current leadership duties**   | Do you currently hold an appointed leadership position? |  | | --- | --- |  | If yes, which position do you hold? |  | Hours pw: |  | | --- | --- | --- | --- | | Other: |  | | |  | Which, if any, of these will the incoming teacher be expected to fill? Include specific position(s) below | | --- | |  |   **Professional Teaching History-** List most recent first   | **School** | **Year** | **Area / Subject** | **Year  Levels** | **Age  Range** | **Number**  **of Years** | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| **Academic background**   | **Qualification** | **Institution** | **Major Subject** | **Minor Subject** | **Started** | **Finished** | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Additional information (**Avoid abbreviations for clarity)   | You may wish to include details of any relevant extra-curricular activities currently engaged in outside of timetabled duties, membership of professional associations to which you belong or other relevant work you have undertaken (paid or unpaid)   |  | | --- | | | --- | --- |  |  |  | | --- | --- | | Have you been awarded a VITF in previous years? Yes No  If so, when and where |  |  | SECTION D : SELECTION CRITERIA | | --- |   **1. Professional Excellence**  Outline how you demonstrate practice excellence both within your class, school and in other professional situations. In your response, please comment on your classroom practice, leadership experience and capability, extra-curricular contributions and other relevant experience and attributes that are relevant to the VITF experience.   | Please limit your response to no more than 400 words | | --- | | **Principal’s Recommendation** (or regional director/representative if applicant is a principal)  Please comment on the extent to which the applicant demonstrates practice excellence, and their ability to translate their teaching skills and experience to a different school setting. |   **2. Personal Qualities and Experience**   | Outline what personal qualities and experience you have that will equip you to be a successful VITF participant. In doing so, also include an example/s of where you have been required to operate in unfamiliar environments and how you have managed this.Please limit your response to no more than 400 words | | --- | | **Principal’s Recommendation** (or regional director/representative if applicant is a principal)  Please comment on the applicant’s personal qualities and demonstrated ability to manage ambiguity, problem solve and thrive in new and challenging environments. |   **3. Professional Learning**  Specify how undertaking the VITF and the VITF research project would support your school’s Annual Improvement Plan (AIP) /equivalent and your own professional development goals. How might student outcomes at your Victorian school be impacted by your participation in the VITF?   | Please limit your response to no more than 400 words | | --- | | **Principal’s Recommendation** (or regional director/representative if applicant is a principal)  Please comment on how the applicant’s participation in the VITF will complement your/the school’s priorities and the applicant’s own professional development objectives. |   **4. Application of Learning**  There is an expectation that your VITF experience and research project will contribute to your own individual practice, school and system wide priorities. Please indicate how you will translate your learnings from the VITF into practice.   | Please limit your response to no more than 400 words | | --- | | **Principal’s Recommendation** (or regional director/representative if applicant is a principal)  Please comment on the capability of the applicant to translate their learnings from the VITF into practice, and how your school/region could support this process. | | **Principal’s additional comment** (or regional director/representative if applicant is a principal)  Please provide any other information regarding this applicant that you deem to be relevant. | | **SECTION E : EXCHANGE INFORMATION** |   **Double exchange applications**  Double exchange placements including your spouse/partner are possible, but are usually difficult to organise. Specifying a double match as a condition will restrict your chance of success. If you elect to proceed with a double match, your spouse/partner is required to submit his/her own separate VITF application.   | Do you intend to apply for a double match application? | |  | | | --- | --- | --- | --- | | Spouse/Partner’s Name: |  | | Same School? | |  |   If you wish to apply for a double match exchange application, which of the following will be considered?   |  | Double match only. | | --- | --- | |  | If no double match available, a single match for me. | |  | If no double match available, a single match for my partner/spouse. |   **Accompanying Persons** Provide your details and details of any persons who you plan will be accompanying you. This information is required for visa purposes.   | **Full name** | **Relationship** | **DOB** | **Town & Country of Birth** | | --- | --- | --- | --- | |  | Self |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Next of Kin Residing in Australia** (During proposed VITF)   | Full Name: |  | | Relationship: |  | | | --- | --- | --- | --- | --- | --- | | Address: |  | | | Post Code: |  | | Phone |  | Mobile Phone: | |  | | | Email: |  | | |  | |     **Power of Attorney to conduct your affairs while overseas**   | Full Name: |  | | Relationship: |  | | | --- | --- | --- | --- | --- | --- | | Address: |  | | | Post Code: |  | | Phone |  | Mobile Phone: | |  | | | Email: |  | | |  | | | Type: |  | | |  | |   **Community/Domestic Support Person**  Who will you nominate to support the visiting exchange Participant in the event of an emergency while you are overseas e.g. medical emergency, burst hot water service etc?   | Full Name: |  | | Relationship: |  | | | --- | --- | --- | --- | --- | --- | | Address: |  | | | Post Code: |  | | Phone |  | Mobile phone: | |  | | | Email: |  | | |  | |   **Personal Profile**  Provide a brief description of you/your family, including any community, cultural and recreational interests. This will enable DET’s exchange counterparts and administrators to develop an understanding of you and to propose a suitable match. Please limit your response to no more than 400 words.    **Accommodation**   | Please confirm, by initialling the adjacent box, that if you are awarded a VITF exchange you will provide suitable sole occupancy accommodation for the exchange Participant and accompanying family for the entire period of the exchange. |  | | --- | --- |   Indicate the features of the sole occupancy accommodation you plan on providing in the table below.   | **Accommodation Type** | | **Ownership** | | **Rooms & Numbers** | | **Bed Types & Number** | | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Detached house |  | Own | All rooms |  | King |  | |  | Attached house |  | Renting | Bedrooms |  | Queen |  | |  | Apartment / Flat |  | Other | Bathrooms |  | Double |  | |  | Other (specify): |  | | | | Single |  |  | How many people can comfortably sleep in your provided accommodation? |  | | --- | --- | | Minimum number of bedrooms you/your family require in the overseas accommodation? |  |   What type of accommodation would you prefer in the overseas placement?  (do not mark preferences that you will not accept)   | House | | --- | | Apartment/Flat | | Semi-detached townhouse | | Other (please specify) |   **Insurance**   | Will your home and contents insurance be valid while the exchange Participant occupies your residence? (please ensure you check this with your insurer) |  | | --- | --- | | Will your contents insurance cover the exchange Participant’s property? (please ensure you check this with your insurer) |  |   **Special Conditions**   | Are you or any of your accompanying family smokers? |  | | --- | --- | | Would you be prepared to have smokers in your home? |  | | Do you have any pets/livestock requiring care by the exchange Participant? |  | | If there are any other special conditions regarding accommodation provision and/or requirements, please specify below. Include relevant information regarding heating or cooling, appliances available, maintenance of garden etc | | |  | | |   **Alternative Accommodation**  If the accommodation you will be providing for the exchange participant is NOT your usual place of residence, please provide (within this page only) details of the arrangements you will be providing, including floor plans and photos.   |  | | --- |   **House/apartment floor plan.** If the accommodation you plan on providing is your normal place of residence, insert a floor plan of your house/apartment (within this page only)  **House/apartment photographs** Within this page ONLY, insert a collage of digital photographs of the main rooms of your house/apartment and the exterior aspects front and rear. Please make sure the photos are clear and well lit.  **School profile**  Provide a description of your school, students, staff and parent organisations. Also include any non-teaching responsibilities that may/will be expected of the incoming Participant. Use the following points to help shape your profile. Include the school’s website address.   | * Student age range * Socio-economic profile * Ethnicity profile * Student grouping * Student transport access | * Organisational structure * Daily organisation * School facilities * School holidays * Curriculum | * Philosophy * School priorities * General community profile * Distance from Melbourne/regional centre | | --- | --- | --- |  |  | | --- | | **Principal’s (or regional director/representative if applicant is a principal) comment on school profile and expectations of the incoming Participant a member of the school community.** |   List the names of the colleagues who will provide in-school support for the in-coming Participant. Please check with these colleagues that they are willing to play this role.   | **Name** | **Support role** | **Email address** | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Community profile**  Within the space below, provide a profile of your area that would give the in-coming Participant a flavour of your community and surrounding areas. Use the following points to help you shape your profile. Provide website URLs /links where possible to enable the exchange Participant to investigate prior to his/her departure.   | * Location in relation to Melbourne * Population * Regional features * Emergency services * Entertainment centres * Community attributes * Local landmarks | * Recreational facilities * Doctors * Hospitals * Dentists * Churches * Other places of worship * Shops | * Supermarkets * Restaurants * Banks * Industry * Transport | | --- | --- | --- |   **Location maps**  Within this page ONLY, provide two location maps – one of the location of your home within Victoria; the other the location of your home in relation to your school. Including distance kms/miles. Use google maps or equivalent.   | **Within Victoria** | | --- |  | **Location of school** | | --- | | |

| SECTION F : LEGAL AGREEMENT |
| --- |
| VITF Applicant Agreement  **I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **confirm that I have read the information for**  **(print full name) applicants and if awarded a Victorian International Teaching Fellowship:**   1. I certify that I have read the *Terms and Conditions for Victorian International Teaching Fellowship Program* and that I fully understand the Terms and Conditions, and that I agree to abide by all the Terms and Conditions stated. 2. I provide consent for my personal and health information, contained within my application, to be transferred to persons/agencies interstate and overseas. 3. I certify that all the answers given and the information provided on this application, are true and correct. 4. I state that to the best of my knowledge there are no other considerations affecting myself or anyone accompanying me which are likely to affect the successful completion of the exchange.   **Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Witnessed by applicant’s principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or (Regional Director/ representative if the applicant is a principal)  **Principal’s name in full:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  See the following checklist to ensure all required documents have been included.  **Applications close Friday 20 April 2018. Early applications are welcome.**  **Privacy note:**  The information contained in this application is being obtained for the purpose of participation in the Victorian International Teaching Fellowship (VITF) Program. It will be used by the Department of Education and Training (DET) for identifying program participants and matching exchange counterparts. Other persons/agencies that may be provided with this information are overseas and interstate exchange coordination bodies and support organisations which assist in preparing Participants for their experience, such as the Victorian International Teachers Association (ITA), Catholic Education Melbourne and Independent Schools Victoria. Provision of this information is voluntary. If you do not wish this information to be given to support organisations, you must inform International Education Division, DET of this in writing. The information will be stored by the DET securely. You may correct any information provided by contacting the DET International Education Division on Tel: (03) 9637 3476 or email vitf@edumail.vic.gov.au |

| SECTION G: PRINCIPAL’s MEMORANDUM OF UNDERSTANDING |
| --- |
| PRINCIPAL’S UNDERTAKING OF RESPONSIBILITY  Principal, please read the Memorandum of Understanding and the Terms and Conditions carefully to ensure you understand and accept the conditions of the VITF Program.  The Terms and Conditions may be obtained from the applicant or on the Department of Education and Training website.  If the applicant is a principal this Memorandum of Understanding should be completed by the Regional Director or their nominated representative. |

| Applicant’s name: |  |
| --- | --- |
| Principal’s name |  |
| School: |  |

As the principal of a school participating in the 2019 Victorian International Teaching Fellowship Program, I understand that:

1. It is a requirement of the program that I recommend the Applicant to participate in the VITF program based on my knowledge of the Applicant as an exemplary teacher who will be an outstanding representative for Victorian. The participation of the teacher in the program will be based on my recommendation.
2. I or my nominee will ensure that the Victorian teacher while on exchange is kept up to date with current educational initiatives through regular provision of school newsletters and/or other relevant documents.
3. I or my nominee will be responsible for providing a school induction and orientation program for the incoming overseas teacher.
4. I or my nominee will be responsible for monitoring the ongoing welfare of the incoming Participant and the Victorian Participant. Should a problem of a personal or professional nature arise, this should be resolved, in the first instance at the school level by the parties concerned. .
5. I or my nominee will be responsible for reporting sick leave and professional development days taken by the incoming Participant to their relevant overseas education authority.
6. Short-term absences by the incoming Participant (up to 15 days) will be covered by the school. In the case of extended absence, reimbursement will be sought through the International Education Division of the DET from the incoming Participant’s education authority.
7. I understand that if the Victorian Participant is unable to continue an exchange due to unforeseen circumstances, the school will be expected to contribute toward the cost of an overseas replacement teacher at the Host Authority (the education authority that the Victorian participant is placed for the VITF program).
8. I have read and accept the *Principal’s Undertaking of Responsibility* and the *Terms and Conditions* of the Victorian International Teaching Fellowship Program.

I recommend the applicant as a sound applicant for participation in the Victorian International Teaching Fellowship Program.   
  
 I do not recommend the applicant as a participant in the Victorian International Teaching Fellowship Program. (Please ☑ one box)

Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| SECTION H: Summary | |
| --- | --- |
| Name: |  |
| School: |  |
| School address: |  |
| School phone: |  |
| Applicant phone: |  |
| Applicant email: |  |
| Years of teaching experience: |  |
| Current teaching role  Subjects taught (if secondary) |  |
| Probable role of incoming teacher:  Subjects required (if secondary) |  |
| Principal name: |  |
| Principal email: |  |
| Accompanying family: |  |
| Type of housing offered: |  |
| Number of bedrooms offered: |  |
| Number of bedrooms required: |  |
| Special considerations | |

| Checklist  Check the items ⌧ on this checklist to ensure you have completed all requirements of your application.  All fields of the *Personal, Citizenship & School Details* section have been completed.  Preferred overseas locations have been indicated.  All required fields of the *Professional Details* section have been provided.  All areas of the *Selection Criteria* section have been addressed.  All fields of the *Exchange Information* section have been completed.  A floor plan of your residence has been inserted.  Digital photographs of your home as specified have been inserted.  A school profile, community profile and a map of your geographic location within Victoria has been inserted.  A map showing the location of your home in relation to the school has been inserted.  A medical certificate has been obtained and is attached.  The application has been signed and dated prior to scanning.  The *Legal Agreement* has been signed and witnessed by the principal and is attached  The *Principal’s Memorandum of Understanding* has been signed  The Summary page has been completed  **How did you find out about the VITF program?**  **Please scan the complete application  and email to**  [vitf@edumail.vic.gov.au](mailto:vitf@edumail.vic.gov.au)  **In the email subject line please type:**  **<Your name> VITF 2019**  When scanning your completed application please check your scanner/photocopier’s scanning options to ensure that you scan the document as a PDF with low or standard resolution as one document. The file size should not exceed 10-12MB as files larger than this may not be received. Please do not send separate images or jpeg files.  A previous VITF recipient at your school.  A previous VITF recipient at another school.  DET website.  A DET circular.  A CECV circular.  A CECV/CEOM flyer.  An independent schools flyer.  At the suggestion of your principal  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applications close Friday 20 April 2018. Early applications are welcome.** |
| --- |