**2018 atJp SCHOOL application form – Government Schools**

1. **Name of the school(s) applying to host an ATJ.**

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| --- | --- |
| **School 1 (Base School)\*** |  |
| **School 2** |  |

**\* If the school is sharing the ATJ with another school, the Base School will liaise between the two schools, the ATJ and the Department’s nominated service provider. This school will be responsible for coordinating the sharing of the ATJ and will be responsible for administration of the program and ensuring that the schools meet their responsibilities as outlined in Section 5 of the Guidelines.**

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| **School 1 Name (Base School)** |  | | |
| **Street** |  | | |
| **Suburb** |  | **Postcode** |  |
| **Telephone** |  | | |

|  |  |
| --- | --- |
| **Principal** |  |
| **Telephone** |  |
| **Email** |  |

|  |  |
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| **ATJP Coordinator\*** |  |
| **Position** |  |
| **Telephone** |  |
| **Email** |  |

**\*A key contact at the Base School must be nominated as the ATJP Coordinator. The responsibilities of the ATJP Coordinator are outlined in Section 5 of the Guidelines.**

1. **Indicate your region.**

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|  | **North-Eastern Victoria Region** |  | **South-Eastern Victoria Region** |
|  | **North-Western Victoria Region** |  | **South-Western Victoria Region** |

**Indicate the preferred length of placement of an ATJ.**

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|  | **9 months (April 2018 – December 2018)** |  | 1. **months (April 2018 – April 2019)** |

1. **Provide the following data in the table below (based on 2017 data):**

* **the total number of students studying Japanese at each year level**
* **the total number of classes at each year level**
* **the total amount of time (in minutes) that each class learns Japanese per week (e.g. Year 6 = 45 mins, Year 8 = 120 mins)**
* **the number of the students at each year level learning Japanese by distance education**

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| **School 1** | | | | | | | | | | | | | | | |
| **Year Level** | **e.g.** | **P** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **Total** |
| **No. of students** | **73** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of classes** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total time (mins) per class learning Japanese per week** | **45** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of students learning Japanese by distance education** | **0** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **School 2 (if applicable)** | | | | | | | | | | | | | | | |
| **Year Level** | **e.g.** | **P** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **Total** |
| **No. of students** | **73** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of classes** | **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total time (mins) per class learning Japanese per week** | **45** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **No. of students learning Japanese by distance education** | **0** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **List the teachers of Japanese, their language qualifications, the length of time they have taught Japanese and in which school they teach (expand table if necessary).**

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| **Teacher name** | **School(s) where teaching** | **No. of years teaching Japanese** | **Language qualification**  **(Yes/No)** | **Languages methodology qualification? (Yes/No)** | **Language qualification level. (Select all that apply with an ‘x’)** | |
|  |  |  |  |  |  | 3 years post-VCE |
|  | 4 years beginner |
|  | Statement of equivalence |
|  | Native speaker |
|  |  |  |  |  |  | 3 years post-VCE |
|  | 4 years beginner |
|  | Statement of equivalence |
|  | Native speaker |
|  |  |  |  |  |  | 3 years post-VCE |
|  | 4 years beginner |
|  | Statement of equivalence |
|  | Native speaker |

1. **How long has Japanese been taught at the school(s)?**

|  |  |
| --- | --- |
|  | **No. of years** |
| **School 1 Name:** |  |
| **School 2 Name:** |  |

1. **Has the school(s) previously hosted an ATJ through the ATJP or another Department program?**

**Yes/ No**

1. **If Yes, provide details below.**

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| --- | --- | --- | --- |
| **Year (s) hosted** |  | **Program name** |  |
| **Year (s) hosted** |  | **Program name** |  |
| **Year (s) hosted** |  | **Program name** |  |

1. **Outline the school’s commitment to the teaching of Japanese (e.g. evidence Annual Implementation Plan; a demonstrated increase in students enrolled in the Japanese program; an appropriate time that languages are identified as a priority in the school’s Strategic Plans; goals/targets are included in the allocation for each group/class of students learning Japanese; or other school initiatives to promote and improve languages education). (150 word limit)**

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1. **Outline how the quality of the school’s Japanese language program would be enhanced by the support of an ATJ during and after the placement. (150 word limit)**

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1. **Outline the school’s strategy to support the wellbeing of the ATJ during the placement, including the provision of accommodation and transport. (150 word limit)**

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1. **Outline the school’s approach for providing professional support and development opportunities for the ATJ, including the appointment of a mentor (e.g. participation in language conferences, regional professional learning activities and network meetings). (150 word limit)**

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1. **Indicate other domains that could be embedded into the Japanese program. This information may assist the Department to match an ATJ with corresponding skills to support this domain.**

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| ICT |  | Science |  |
| Sport |  | Music |  |
| Drama/ theatre |  | Dance |  |
| Painting/ drawing/multimedia |  | Japanese calligraphy |  |
| Other (please specify): |  | | |

**SCHOOL principal endorsement**

**The principal must endorse this application. If the school is applying to share an ATJ with another school, both principals must endorse the application.**

I endorse the information contained in this application and am fully aware:

1. of the school’s responsibilities under the Assistants to Teachers of Japanese Program as outlined in Section 5 of the Guidelines
2. that the placement of an ATJ is from the beginning of Term 2, 2018, for a period of 9 or 12 months, and that should the school(s) wish to be reconsidered for the 2019 ATJP, a new application must be submitted
3. that a school representative will attend the ATJP orientation at the beginning of Term 2, 2018**.**

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| **Signature\*** |  | **School 1 Name** |  |
| **Signature\*** |  | **School 2 Name** |  |

\* A digital signature (i.e. an inserted scan of the principal’s signature) is acceptable.

**CLosing date: 15 SeptEmber 2017**

**email application to:** [**kyliefiona@gmail.com**](mailto:kyliefiona@gmail.com)