

Expression of Interest online form

Professional Learning Program for current and aspiring Applied Learning Teachers

Please submit to:

[Vocational.Workforce@education.vic.gov.au](mailto:Vocational.Workforce@education.vic.gov.au)

1. First name
2. Last name
3. Mobile phone
4. Victorian government email address
5. Employee number
6. School
7. Position at school
8. Full time / Part time / Relief teacher

|  |  |
| --- | --- |
|  | FTE |
|  | PTE |
|  | TRT |

1. Years of teaching experience \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_
2. Years of experience teaching VCAL *(put N/A if not applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you undertaken training or professional learning for teaching VCAL and /or applied learning?

|  |  |
| --- | --- |
|  | Post graduate study |
|  | Under-graduate study |
|  | Professional learning |
|  |  |

1. What VCAL units have you taught? *(tick all that apply)*

|  |  |
| --- | --- |
|  | Personal Development Skills |
|  | Work Related Skills |
|  | Literacy Skills |
|  | Numeracy Skills |
|  | Industry Specific Skills |

1. Please provide a list of other subjects that you teach

1. How do you prefer your professional development delivered? *(tick all that apply)*

|  |  |
| --- | --- |
|  | Online self-paced training modules |
|  | In person collaborative workshops |
|  | Online collaborative workshops |
|  | Information sheets |
|  | One on one sessions with facilitator |
|  | In person presentation |
|  | Virtual presentation |

## 

1. Please identify your preferred days for participating in professional learning program

|  |  |
| --- | --- |
|  | Monday |
|  | Tuesday |
|  | Wednesday |
|  | Thursday |
|  | Friday |
|  | Weekends |
|  |  |

1. Please describe any special requirements you may have while you are participating in this program

## Principal Support

I approve the application of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ to participate in the Professional Learning Program for current and aspiring Applied Learning Teachers. I acknowledge that there will be study requirements related to the completion of this program and I will provide support when needed for this applicant throughout the course of their study.

Signed

Principal name (Printed)

Date / / 2021