# Language AssistantS Programs – 2019

## Application form

**School details***Only where the applicant is a single school and applying for any program*

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| --- |
| Details  |
| School name |  |
| Address |  |
| Region  |  |
| Language/s taught |  |
| Telephone |  |
| Email  |  |
| Principal’s name  |  |

**Cluster details**
*Only where the applicant is a cluster of schools and applying for the FLAP, ATJP or ATCP*

|  |
| --- |
| Details  |
| \*\*Base school name |  |
| Address |  |
| Region  |  |
| Language/s taught  |  |
| Telephone |  |
| Email |  |
| Principal’s name |  |
| School 2 name |  |
| School 3 name *(if applicable))* |  |

*\*\*The base school will be responsible for the employment of the assistant, administration and coordination of the assistant’s placement across all schools.*

**Select which Language Assistants Program/s you are applying for by marking the relevant box/es with an ‘X’.**

*\*\*Schools should note that only one funded language assistant will be allocated per school (or cluster).*

|  |  |  |
| --- | --- | --- |
| \*\*Funded  Language Assistants  Program – FLAP  | Assistants to Teachers of Japanese Program – ATJP (Volunteer/Unfunded) | Assistants to Teachers of Chinese Program – ATCP (Volunteer/Unfunded) |
| *Select one of the following languages if you are applying for the FLAP* *French* *German* *Indonesian* *Spanish*   | *Select this box if you are applying for the ATJP*  | *Select this box if you are applying for the ATCP*   |

*\*\*The base school will be responsible for the employment of the assistant, administration and coordination of the assistant’s placement across all schools.*

 **Complete the table below with your school’s current language provision at each year level**i.e. face-to-face delivery, receiving/delivering virtual conferencing, CLIL, AIM methodology, VET applied Language etc.

**\*\* (NB: If applying as a cluster, you will need to indicate this information for each school)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| School Name | Language/s | Delivery mode | Year Levels | Minutes of delivery per week |
| *Base School* |  |  |  |  |
| *\*\*School # 2* |  |  |  |  |
| *\*\*School # 3* |  |  |  |  |

**Indicate whether your school (or where applicable, any of the schools within your cluster) have previously participated in a Department Language Assistants Program within the last four years** i.e. Funded Language Assistants Program (FLAP), Assistants to Teachers of Japanese Program (ATJP), Assistants to Teachers of Chinese Programs (ATCP)

|  |  |  |
| --- | --- | --- |
| Lead SchoolName: | School 2Name: | School 3Name: |
| *Year of participation* | *Year of participation* | *Year of participation* |
| *Program* | *Program* | *Program* |

**List the teachers of your chosen language, their language qualifications, and the length of time they have taught the language and in which school they teach**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Teacher Name | School/s where teaching | No. of years teaching the language | Formal language qualification(Yes/No) | Language qualification level e.g. 3 years post VCE, 4 years beginner, statement of equivalence, native speaker etc. | Languages methodology qualification(Yes/No)  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

##  Application criteria: For all Applicants – FLAP, ATJP & ATCP Outline how your school (or where relevant your cluster) will use the languages assistant  to support language teaching and student learning (max 500 words)

 **ADDITIONAL APPLICATION CRITERIA: FOR FLAP APPLICANTS ONLY**

 **Outline how a languages assistant will strengthen your cluster’s primary to secondary to
 senior-secondary pathways in the language** (max 500 words)

 **Outline how the cluster proposes to share a language assistant across the 2-3 schools,
 including arrangements to support the assistant’s travel between schools in the cluster** (max 500 words)

## ADDITIONAL Application criteria: For atjp & ATcp Applicants onlyOutline the school’s strategy to support the wellbeing of the ATJP/ATCP during the placement, including the provision of accommodation (homestay) and transport. (max 500 words)

# Languages Assistants PROGRAMS

#  Principals’ ENDORSEMENT form for FLAP APPLICATIONS ONLY

**School Cluster name:**

**Region:**

* We have read the 2019 Funded Language Assistants Program School Guidelines and endorse this cluster application for a Language Assistant.
* We confirm the information provided in this cluster application for a Language Assistant is accurate.
* We will inform the Languages Unit, through the base school, of any changes in circumstance that relate to the Language Assistant’s appointment.

## Signed by All Participating School Principals

|  |  |  |
| --- | --- | --- |
| Base School:Principal:Signature:Date: / / 2018 | School #2:Principal:Signature:Date: / / 2018 | School #3:Principal:Signature:Date: / / 2018 |

# Languages Assistants PROGRAMS

#  Principal ENDORSEMENT form for ATJP/atcp apPLICATIONS ONLY

**School name:**

**Region:**

* I have read the 2019 Assistant to Teachers of Japanese Program / Assistant to Teachers of Chinese Program School Guidelines and endorse this school’s application for a Language Assistant.
* I confirm the information provided in this application is accurate.
* I will inform the Languages Unit of any changes in circumstance related to the Language Assistant’s appointment.
* I agree to facilitate the administration, management and support the well-being of the Language Assistant.

## Signed by School Principal

|  |
| --- |
| School:Principal:Signature:Date: / / 2018 |