# Language AssistantS Programs – 2019

## Application form

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

|  |  |
| --- | --- |
| 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 School  Name: | School 2  Name: | School 3  Name: |
| *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 only Outline 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 |