# FUNDED Language AssistantS Program (flap) – 2020

## Application form

**School Cluster details**

| Details | |
| --- | --- |
| \*\*Base school name |  |
| Address |  |
| Region |  |
| Language/s taught |  |
| Telephone |  |
| Email |  |
| Base school Principal’s name |  |
| School 2 name |  |
| School 2 Principal’s name |  |
| School 3 name *(if applicable)* |  |
| School 3 Principal’s 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 you are applying for by marking the relevant box with an ‘X’.**

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

| \*\*Funded Language Assistants Program – FLAP |
| --- |
| *Select* ***one*** *of the following languages*  *French*  *German*  *Indonesian*  *Spanish* |

*\*\*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 the current language provision at each year level for each school in your cluster**i.e. face-to-face delivery, receiving/delivering virtual conferencing, CLIL, AIM methodology, VET applied Language etc.

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

**Indicate whether your school (or where applicable, any of the schools within your cluster) have previously participated in the Department’s Funded Language Assistants Program within the last four years**

| Lead School  Name: | School 2  Name: | School 3  Name: |
| --- | --- | --- |
| *Year of participation* | *Year of participation* | *Year of participation* |
| *Language of Assistant* | *Language of Assistant* | *Language of Assistant* |

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

## Outline how your cluster will use the languages assistant to support language teaching and student learning (max 500 words)

**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)

## Outline the cluster’s strategy to support the wellbeing of the assistant during their placement. (max 500 words)

# FUNDED Languages Assistants PROGRAM (flap)

# Principals’ ENDORSEMENT form

**Names of schools in the cluster:**

**Region:**

* We have read the 2020 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: / / 2019 | School #2  Principal:  Signature:  Date: / / 2019 | School #3 (if applicable)  Principal:  Signature:  Date: / / 2019 |
| --- | --- | --- |