**Expression of Interest Professional Learning Subsidy 2021**

**VIC22337 Graduate Diploma of Teaching Students with Autism Spectrum Disorder**

|  |  |
| --- | --- |
| *Name:* | *School:* |
| *Phone:* | *School Phone:* |
| *Email:* | |

|  |  |  |
| --- | --- | --- |
| **Qualifications**  Degree/Diploma | Institution | Date of Study |
|  |  |  |
|  |  |  |

**Describe your current role:**

Classroom teacher of student with ASD Classroom teacher not currently teaching student with ASD

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year level currently teaching:  *Please circle* | P-3 | 3-6 | 7-9 | 9-12 |
| Current understanding of Autism Spectrum Disorder: | | Limited | Developing | Sound |

Leading teacher Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a brief response to the following key selection criteria (1 page in total):**

1. **Outline your understanding of Autism and/or experience of working with Autistic students**
2. **Outline the benefits to your students and your school community for you completing the course.**

**Principal/Line Manager Approval**

As Principal/line manager, do you approve uptake of the professional learning grant?

Yes

No

Please note, in agreeing to support this application you are committing to providing up to 15 days\* CRT over the 3 semesters (\*estimated cost of $5,746.95 required to facilitate practicum attendance.) Do you as principal/line manager agree to pay CRT release (if required) for practicum attendance associated with course participation?

Yes

No

Principal / Line Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal / Line Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ /\_\_\_ /\_\_\_

**Terms of agreement for successful applicants of the professional learning subsidy:**

**Applicants must meet the minimum course requirements:**

* Current VIT teacher registration
* Current employment as a teacher, leading teacher, or learning specialist, in a Victorian government school
* For the duration of the course, applicants must be responsible for the education programming for an autistic student

**Successful applicants are eligible for the DET scholarship place in the Autism Teaching Institute VIC22337 Graduate Diploma of Teaching Students with Autism Spectrum Disorder whilst they remain employed with DET.**

**If a successful scholarship applicant resigns from DET, their scholarship funded place in the course will cease.**

**If an applicant changes employment to another DET school whilst undertaking the course, they must notify the Course Coordinator, and a new Principal Endorsement form is required to be completed.**

**Scholarship recipients are unable to defer their first semester of study. Students may apply for an intermission if they have completed their first semester, and their scholarship funded place will be held for them to return to study with the next student intake (with a maximum study break time of two years).**

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**Declaration** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Print applicant name)*

do solemnly declare that the answers and information provided in this application are complete and accurate and that all information pertinent to this application has been fully disclosed, irrespective of whether or not such information was specifically requested.

I understand that upon completion of the course, I may be invited to provide supervision for future ATI students.

I am also aware that the Autism Teaching Institute, Western Autistic School or the Department of Education and Training Victoria is under no obligation to accept my expression of interest in a professional learning subsidy.

I understand the terms of the learning subsidy as outlined above.

Declared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of applicant)*  *(Date)*

***NOTE: You must print and sign this Declaration***

**Please return a signed, completed application to:** [**admin@autismteachinginstitute.org.au**](mailto:admin@autismteachinginstitute.org.au)

**For any questions, please contact the Course Coordinator: Sarah Turner** [**sarah.turner@education.vic.gov.au**](mailto:sarah.turner@education.vic.gov.au)

Applications close Wednesday 16 December, 2020.