Teacher Aide Course Enrolment Form

Part One of Two

We are very pleased that you are hoping to join this course. Please treat this form like an ordinary email. Just type your answers into the space below. Then email it back to us at aotearoagiftednz@gmail.com.

Your name:

Your home address:

Your home email and phone number:

Name of the school which has agreed to support your enrolment application:

Your ARN:

Please briefly list here any qualifications you may have and/or any other professional or work-related experience you may have had which you feel would be relevant to the position of Teacher Aide:

Please tell us as much as you can about any previous involvement with gifted learners you have had. This could include having had a gifted child or family member. It could include membership of a group such as the NZAGC or any similar group and any role you have held in that group:

What has motivated you to apply for this course?

***Please now scroll down to Part Two of this form: this form must be completed by the Principal of the school you will be working in.***

**To the Principal of ………………………………………………………………………. School**

**Teacher Aide: Request for Course Approval**

As you will be aware, the Ministry has undertaken to fund training for a number of Teacher Aides in order to increase classroom support for students with special needs.

Under this scheme the Ministry has approved a proposal from us to provide such training for Teacher Aides who will be able to specialise in supporting the special needs of gifted learners. Students in this category have complex learning needs which can create extra demands on already very busy classroom teachers. As with all other forms of Teacher Aide support, the presence of a Teacher Aide with specific skills in this area will provide valuable assistance for both teacher and student.

We have received the attached enrolment application for this course. We are satisfied that the enrolment requirements we have set have been met, and are requesting your agreement to this enrolment, subject to your acceptance of the following Ministry requirements:

* that the school must first have applied for funding for this course and have been given an Application Reference Number (ARN) for the applicant which must accompany the enrolment form, and
* that the school must *either* already employ the applicant *or* the school agrees to employ the applicant for the training period, with a view to ongoing employment in this role.

Should you agree to this, the expectation would be that the Teacher Aide would be employed in this role for at least one day per week, and would have access to identified gifted students. Successful completion of the course will mean that the Teacher Aide will be competent at Grade B on the Teacher Aide Work Matrix and well placed to move onto Grade C.

To assist you in considering this request, it may help to know that the course will be delivered online, involving no disruption for the normal school programme. It will take place over about 12 weeks. All costs will be met by the Ministry at the end of the course: this will include wages for the Teacher Aide and our invoice for $450 + GST to cover our tutoring and admin costs.

Please do not hesitate to contact me directly by email (aotearoagiftednz@gmail.com) or phone (027 276 0523) if you need any further information. Otherwise, if you agree with this request, please give the signed form to the applicant to return to us – electronic signatures are acceptable. Thank you!

**Rosemary Cathcart, PhD, Dip Ed PG, Dip Teaching.**

**Director**

I agree to support the applicant in undertaking the Teacher Aide (Specialisation: Gifted) course provided by Aotearoa Gifted NZ by employing the applicant as a Teacher Aide for the duration of the course for a minimum of one day per week, and to ensure access to identified gifted students.

(Sgd)…………………………………………………………………………………………… Date: / /

Principal, ……………………………………………………………….School