

Personal Information

Legal surname _____

Legal first names _____

Preferred first name _____

Names previously known by _____

Gender _____ Date of birth _____

Ethnicity _____

Citizenship _____

Residency status (if you are not a NZ citizen) * _____

Residential address _____

Post Code _____

Contact number _____

Email _____

University of Waikato ID Number (If known) _____

Course information 2017

Course 1 Starting 16 January 2017

Course 2 Starting 19 April 2017

Course 3 Starting 10 July 2017

Course 4 Starting 2 October 2017

Sector Secondary / Primary / Māori Medium **

Teaching qualifications

Teaching qualifications _____

Institution _____ Year gained _____

Other qualifications _____

IELTS Score if applicable _____

Secondary teachers, what are you specialist subjects? _____

* If you are not a NZ citizen, a copy of your visa is required. **

Teacher Registration

Do you hold, or have you held New Zealand Teacher Registration? Yes No

Is your registration current? Yes No

Please give your registration number # _____ Expiry Date _____

Are you:

Fully registered Years Held _____

Subject To Confirmation Years Held _____

Provisional registration Years Held _____

Expired Expiry Date _____

Never registered

Current Teaching Practice

During the past five years, have you taught at all in New Zealand? Yes No
(Including full time, long term relief, or day-to-day relief work)

If yes, please give details

Dates	School	FT	LTR	DTD
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Convictions

Have you ever been convicted of a criminal offence? Yes No
(Including a serious traffic offence).

Are there any charges pending against you? Yes No

All Applicants: Please note original form is required

Applicant's details

Family name: _____

First/middle names _____

Any previous names: _____

Gender: male female

Date of birth _____

City of birth: _____

Country of birth: _____

Street address: _____

City/country: _____

NZ drivers licence #: _____

Programme

- | | | | |
|--|--|--|---------------------------------------|
| Bachelor of Teaching Early Childhood | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Tauranga | |
| Bachelor of Teaching Primary | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Tauranga | <input type="checkbox"/> Distance |
| Bachelor of Teaching Secondary Conjoint | <input type="checkbox"/> Hamilton | | |
| Graduate Diploma of Teaching Primary | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Distance | |
| Graduate Diploma of Teaching Early Childhood | <input type="checkbox"/> Distance | | |
| Graduate Diploma of Teaching Secondary | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Tauranga | <input type="checkbox"/> Distance |
| Master of Teaching and Learning | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Māori Medium |
| Master of Counselling | <input type="checkbox"/> Hamilton | | |
| Teacher Education Refresh Programme | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary | <input type="checkbox"/> Māori Medium |
| Te Kura Toi Tangata Faculty of Education Staff | <input type="checkbox"/> Teacher Education | <input type="checkbox"/> Master of Counselling | |

Consent

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the Faculty of Education, The University of Waikato. I understand that any record of criminal conviction I might have will automatically be concealed if I meet the eligibility criteria stipulated in the Criminal Records (Clean Slate) Act 2004 and the Vulnerable Children Act 2014.

Signature _____

Date _____

All Applicants: Please note original form is required

This section needs to be completed by a trusted referee. The Proof of Identity referee will certify the applicant's identity by completing this page and verify a copy of the photo ID. A verified copy is a copy sighted and signed by a JP, solicitor, barrister, court registrar, school principal or approved agency.

A trusted referee must be:

- Over 16 years of age
- Not be related, or a partner/spouse, or a co-resident of the applicant
- Be either a person of standing in the community (e.g. registered professional, religious or community leader) or registered with the Approved Agency, i.e. Te Kura Toi Tangata Faculty of Education, The University of Waikato.

The trusted referee must verify: The Proof of Identity Form and verify a copy of the photo ID. The original verified copy of the photo ID must be attached to the original Proof of Identity form.

Identification details

Full name of applicant _____

Tick the two forms of identification presented to you in person. The applicant must be the presenter of the documents. One form of identification must be from Category A and one must be from category B - refer to the table below. At least one of the acceptable forms of identification must be photographic.

Category A	Category B
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> New Zealand drivers license
<input type="checkbox"/> New Zealand full birth certificate (issued on or after 1998)	<input type="checkbox"/> 18+ card (must be current)
<input type="checkbox"/> New Zealand certificate of identity issued under the Passports Act 1992 to Non-New Zealand citizens who cannot obtain a passport from their country of origin	<input type="checkbox"/> New Zealand utility bill (issued within the last 6 months). Please write date issued _____
<input type="checkbox"/> New Zealand firearms licence	<input type="checkbox"/> Electoral roll records
<input type="checkbox"/> Overseas passport	<input type="checkbox"/> Community services card
<input type="checkbox"/> New Zealand citizenship certificate	<input type="checkbox"/> Inland Revenue Number

Referee details

Full name _____

Address _____

Phone number _____

I declare that (please tick)

- I have sighted two forms of identification (One from Category A and one from Category B)
- I verify that the person in the photo is the person named as the applicant on this form
- I have verified the copy of photo identification
- Name change: I have sighted evidence of this name change, where names differ (e.g. marriage certificate, statutory declaration)

Signature _____

Date _____

Full name: _____

Please confirm the intake you wish to participate in below:

Intake	Proposed practicum time	Must complete by
Intake 1: 16 January <input type="checkbox"/>	20 February - 17 March	30 June
Intake 2: 19 April <input type="checkbox"/>	15 May - 9 June	29 September
Intake 3: 10 July <input type="checkbox"/>	7 August - 1 September	22 December
Intake 4: 2 October <input type="checkbox"/>	30 October - 24 November	17 March

The programme:

- is fully online, with individual support [as appropriate].
- consists of four modules which can be completed in flexible timeframes, as negotiated with each participant, and within a 6-month period.
- includes a 20-day practicum which will be individually negotiated and tailored to suit each teachers' circumstances will be assessed through an evidence based e-portfolio against Graduating Teacher Standards.
- This e-portfolio can also be used for evidence against the Practising Teacher Criteria. Evidence can be generated from completing weekly online tasks and/or from classroom practice.

Course Structure

There are 4 modules which need to be completed within a six month period. They are:

Module 1: The professional Teacher - Belonging to a Profession - He Pouako Ngaiotanga - Nāku tēnei Ngaiotanga
A review of the current educational landscape, professional expectations and legislative requirements.

Module 2: Today's and Tomorrow's Learning Communities - Hapori Ako o tēnei rā, mō āpōpō hoki
A focus on the recommended practice when addressing diversity of learners needs within New Zealand classrooms.

Module 3: Curriculum, Assessment and Planning - He Marautanga, he Aromatawai, he Whakakaupapa Akoranga
An opportunity to demonstrate understanding of current pedagogical practices through the development of context specific resources.

Module 4: Supervised practicum - Ritenga Akoako
This module enables the participant to generate further evidence for their e-portfolio in support of the Graduating Teacher Standards.

Note: You may enrol in the programme as a complete suite of four modules or individual modules. All modules must be successfully completed within 6 months of commencing the programme.

Please indicate which approach you would like to take:

Option 1:

I wish to enrol for the four modules and complete the practicum requirements at the scheduled time.

OR

Option 2:

I wish to enrol for Module one in the first instance and then negotiate the timeframe and order of completion of further modules.

I intend to complete the programme in 12 weeks

OR

I intend to complete the programme in 24 weeks

Cost

The total cost of the course is \$4,000.

You may enrol in individual modules at a cost of \$1,000 each.

Payment must be made one week prior to the start date of the intake.

Personal Information

TER Participant's Full name _____
Teacher Registration Number _____ Date of Expiry _____

Practicum School Details

Name of School _____ Phone _____
Physical Address _____ Fax _____
_____ Email _____
Name of Principal _____ Email _____
/ Liaison _____
Associate Teacher _____ Email _____
/ Coordinating Teacher _____
Year Level _____ Subject Area _____

I agree that _____ school
will support _____ during their completion of
the Teacher Education Refresh Programme with Te Kura Toi Tangata Faculty of Education.

Further comments _____

Principal's signature _____

Date _____

Inquiries

Any queries, please contact the practicum administrator: Jill Skerman on 07 838 4466 ext. 4553 or jill.skerman@waikato.ac.nz

Dates of Practicum 2017:

Course 1 20 February - 17 March
Course 2 15 May - 9 June
Course 3 7 August - 1 September
Course 4 30 October - 24 November

Please Note

Participants in the Teacher Education Refresh Programme are qualified teachers. The participants are required, by the Education Council, to complete the Teacher Education Refresh Programme. Upon completion of the Teacher Education Refresh Programme, participants may renew their provisional registration.

Checklist

Please ensure you have done the following:

- Provided an original copy of:
 - The Consent to Disclosure form
 - The Proof of Identity form completed by someone who can confirm your identity
 - The verified copy of photo ID
- Attached the completed Practicum School form
- Attached the completed Programme Planner Sheets
- Attached a copy of your CV
- Attached a copy of your teaching qualifications
- Attached a copy of your visa (if you are not a New Zealand citizen).

Important Information

I understand that successful completion of the TER includes:

- Minimum payment of \$1000 before the course begins
- Full commitment to the programme both in attendance and engagement with the course content
- Satisfying the requirements of the four compulsory modules
- Successful completion of the 20 days practicum (and its administrative requirements)
- Meeting the requirements of the Graduating Teacher Standards, with evidence
- Demonstration of a high level of oral and written English language proficiency in all areas of the programme, as defined in Graduating Teacher Standard 4d
- Access to a full immersion Māori Medium programme is number dependant.

I understand the requirements to achieve successful completion of the TER programme. I acknowledge and accept the following terms:

The Teacher Education Refresh (TER) Programme course is being offered by The University of Waikato on behalf of the Education Council, who owns the TER Programme.

Principle 3 of the Privacy Act 1993 – “Collection of information from subject”

Personal information provided by persons applying to participate on a TER course is being collected for the purpose of determining their eligibility for participation in a course, to enable the Education Council to comply with its statutory functions and the requirements of the TER Programme, and for administering participation on that course.

The information is being collected by:

The University of Waikato, Centre for Teacher Education, Faculty of Education,
Private Bag 3105, Hamilton 3240

All or any part of that information may be held and used by The University of Waikato,
address details are as above, and the Education Council. The Education Council address is:

Education Council, Level 12, 80 Boulcott Street, Box 5326, Wellington

Principle 11(a) and (f) of the Privacy Act 1993 – “Limits on disclosure of personal information”

Neither The University of Waikato nor the Education Council shall disclose the personal information collected for the TER Programme to a person or body or agency unless either or both believe, on reasonable grounds:

- (a) that the disclosure of the information is one of the purposes in connection with which the information was obtained or is directly related to the purposes in connection with which the information was obtained; or
- (f) that the information—
 - (i) is used in a form in which the individual concerned is not identified; or
 - (ii) is used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual concerned.

Name _____

Signature _____ Date _____

Submission*

Please email completed forms and relevant documentation to:
teacher.refresh@waikato.ac.nz

or post to: Freepost 78837
Teacher Education Refresh Programme
Faculty of Education, University of Waikato
Private Bag 3105
Hamilton, New Zealand, 3240

Contact

TER Programme Administrator:
Jill Skerman
Email: jill.skerman@waikato.ac.nz
Phone: 07-838-4466 extn: 4553

*Please note original Consent to Disclosure, Proof of Identity and verified photo ID must be posted or delivered.