# Teacher Education Refresh Programme Appplication Form



Perso	nal Informatio	on		
Lega	l surname			
Lega	l first names			
Prefe	erred first name			
Nam	es previously kno	own by		
Geno	der		Date of birth	
Ethn	icity			
Citize	enship			
Resic	dency status (if yo	ou are not a NZ citizen) *		
Residential address				
Post	Code			
Cont	act number			
Emai	il			
Univ	ersity of Waikato	ID Number (If known)		
	-			
Cours	e information	2017		
	Course 1	Starting 16 January 2017		
	Course 2	Starting 18 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 ar	you specialist subjects?	

\* If you are not a NZ citizen, a copy of your visa is required. \*\* Access to a programme in te reo Māori is number dependant



# **Teacher Registration**

Do you hold, or have you held New Zealand Teacher Registration?			□ No
Is your registration current?		□ Yes	□ No
Please give your registration num	ber #		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?			

During the past five years, have you taught at all in New Zealand? (Including full time, long term relief, or day-to-day relief work)

If yes, please give details

Dates	School	FT	LTR	DTD

## Convictions

Have you ever been convicted of a criminal offence? (Including a serious traffic offence).		□ No
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 □ fen	nale		
Date of birth				
City of birth:				
Country of birth:				
Street address:				
City/country:				
NZ drivers licence #:				
Programme				
Bachelor of Teaching Early	y Childhood	□ Hamilton	🗖 Tauranga	
Bachelor of Teaching Primary		□ Hamilton	🗖 Tauranga	□ Distance
Bachelor of Teaching Seco	ondary Conjoint	□ Hamilton		
Graduate Diploma of Tead	ching Primary	□ Hamilton	Distance	
Graduate Diploma of Tead	ching Early Childhood	□ Distance		
Graduate Diploma of Tead	ching Secondary	□ Hamilton	🗖 Tauranga	□ Distance
Master of Teaching and Le	earning	□ Primary	□ Secondary	🗆 Māori Medium
Master of Counselling		□ Hamilton		
Teacher Education Refres	h Programme	□ Primary	□ Secondary	🗆 Māori Medium
Te Kura Toi Tangata Facult	ry of Education Staff	Teacher Educa	ation 🛛 Mast	er 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 A		Category B
New Zealand passport		New Zealand drivers license
New Zealand full birth certificate (issued on or after 1998)		18+ card (must be current)
New Zealand certificate of identity issued under the Passports Act 1992 to Non-New Zealand citizens who cannot obtain a passport from their		New Zealand utility bill (issued within the last 6 months).
country of origin		Please write date issued
New Zealand firearms licence		Electoral roll records
Overseas passport		Community services card
New Zealand citizenship certificate		Inland Revenue Number
	New Zealand passport New Zealand full birth certificate (issued on or after 1998) 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 New Zealand firearms licence Overseas passport	New Zealand passport□New Zealand full birth certificate (issued on or after 1998)□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□New Zealand firearms licence□Overseas passport□

#### **Referee details**

Full nam	ne		
Address			
Phone n	umber		
I declare	e that (plo	ease tick)	
	l have sig	ghted two forms of identification (One from Cate	gory A and one from Category B)
	l verify th	hat the person in the photo is the person named	as the applicant on this form
	l have ve	erified the copy of photo identification	
		h <b>ange:</b> I have sighted evidence of this name char y declaration)	ge, where names differ (e.g. marriage certificate,
Signatur	re		Date



#### Full name:

Please confirm the intake you wish to participate in below:

Intake	Proposed practicum time	Must complete by
Intake 1: 16 January	22 February - 17 March	30 June
Intake 2: 18 April	15 May - 9 June	29 September
Intake 3: 10 July	7 August - 1 September	22 December
Intake 4: 2 October	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 Practicing 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.

Module2: 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 demostrate 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.

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.

\*If you are unable to complete practicum at the scheduled time, please contact Liz Reinsfield directly to discuss this.

#### Cost

The total cost of the course is **\$4,000**. You may enrol in individual modules at a cost of **\$1,000** each.



#### **Personal Information**

TER Participant's Full name	
Location of Teacher Education Refresh Programme	you are applying for
Teacher Registration Number	Date of Expiry
Practicum School Details	
Name of School	Phone
Physical Address	Fax
	Email
Name of Principal/ Liaison	Email
Associate Teacher/ Coordinating Teacher	Email
Year Level	Subject Area
l 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 coordinator: Liz Reinsfield on 07 838 4466 ext. 5008 or reinsl@waikato.ac.nz

#### Dates of Practicum 2017:

- Course 1 22 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  $\Box$
- 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:

- Full payment of the cost of the course before it 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 four week 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:

that the disclosure of the information is one of the purposes in connection (a) 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 Coordinator:** 

Liz Reinsfield

Email: reinsl@waikato.ac.nz

Phone: 07-838-4466 extn: 5008

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