| Application Professional learning | | | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Name: | | | |
| Phone: |  | Mobile: | |
| Postal address: | | | |
| Suburb: |  | Postcode: | |
|  |  | |  |
| Email | | | |
| program information | | | |
| Presenter: **Beth Marr, Adult numeracy consultant** | | | |
| Program name: **Collaborative numeracy:   working together to build numeracy skills in adults** | | | |
| Venue: Department of Training and Workforce Development | | | 1 Prospect Place  West Perth 6005 |
| **Block 1** | **Block 2** | **Block 3** | |
| Thursday  26th February 2015  1.30 p.m. – 5.00 p.m. | Thursday  26th March 2015  1.30 p.m. – 5.00p.m. | Thursday  23rd April 2015  1.30 p.m. – 5.00 p.m. | |
| Friday  27th February 2015  9.00 a.m. – 3.15 p.m. | Friday  27th March 2015  9.00 a.m. – 3.15 p.m. | Friday  24th April 2015  9.00 a.m. – 3.15 p.m. | |
| Are you able to attend all of the dates and times nominated? **Yes / No** | | | |
| If no, please explain | | |  |
| Travel requirements\* | | | |
| Flights | Approx. cost | | |
| Accommodation | Nights | | |
| Meals | Number | | |
| *\*Please list all travel regardless of funding source (private, employer or DTWD). The Department may fund travel and accommodation under the Adult Literacy Sponsorship Program. A separate application and approval process is required.* | | | |

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| Applicant goals and background |
| *Places for this program are strictly limited. Preference will be given to applicants who will use the knowledge gained in one or more of the following ways. Please respond to all* |
| 1. I teach numeracy to adults and wish to broaden my skills. Y / N   If yes, please name program/s or course/s:  How many years have you taught numeracy in any context? |
| 1. I wish to teach numeracy to adults in the future. Y / N   What experience (if any) do you have in teaching mathematics or numeracy? |
| 1. I hope to (or currently) teach other teachers about adult numeracy. Y / N   Comments: |
| 1. I am required to learn the basics of adult numeracy teaching practice to complete a qualification (e.g. the Graduate Diploma in in Adult Language, Literacy and Numeracy Practice) Y / N   If yes, are you enrolled yet? |
| 1. I want to strengthen my own numeracy skills and understanding as well as learning about teaching Y / N Comments: |
| Nominate any other reason for wishing to participate in this program. |

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| Employment Information | | | |
| Current employer: | | | |
| Position: | | | |
| Employer address: | | | How long? |
| Phone: | E-mail: | Fax: | |
| City: | State: | Post Code: | |
| Position: |  |  | |
| Previous or second employer: | | | |
| Address: | | | |
| Phone: | E-mail: | Fax: | |
| City: | State: | Post Code: | |
| Position: |  |  | |
|  |  |  | |
| Will your employer support your participation? (choose one)  Yes – fully including paid time  Yes - partial  Not at all | | | |
| If the above employment does not relate to teaching adults, describe your experience in teaching adults. | | | |

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| QuaLifIcations | |
| *Note: This program is intended as an in-service program for people working in adult education and vocational training. Preference will be given to applicants who have some qualifications and experience relevant to teaching literacy and numeracy to adults.* | |
| Qualifications: | Year: |
| Institution: |  |
| Qualifications: | Year: |
| Institution: |  |
| Qualifications: | Year: |
| Institution: |  |
| Qualifications: | Year: |
| Institution: |  |
| Please describe how these qualifications are relevant to teaching adults literacy and numeracy | |

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| --- | --- |
| professional development | |
| PD Course: |  |
| Institution: |  |
| Year undertaken: |  |
| PD Course: |  |
| Institution: |  |
| Year undertaken: |  |

**Declaration - Collaborative Numeracy program**

I certify that, to the best of my knowledge, all the information I have provided in this application is correct and accurate. I confirm that if I am selected to participate in the program, I / my employer will ensure that I am available to attend all three of the workshop blocks in Perth.

I understand that discontinuing the program before completion may leave me / my organisation liable to pay a cancellation fee of $300 for each workshop that I fail to attend.

**Applicant’s Signature Employer’s Signature (if applicable)**

**Date: Date:**

**Closing Date for applications: 5.00 pm on Monday 19th January 2015**