Teacher Aide PLD Pilot Fund

**Details of PLD to be funded**

Please provide information or select the options that apply.

*\*mandatory fields to be completed.*

**Course Type\***

[ ]  In School/School-led

[ ]  Kāhui Ako/cluster led

[ ]  Ministry of Education Workshop

[ ]  External Provider (i.e. not Ministry of Education)

[ ]  Other

**PLD or course name (e.g. Early Words Course, NZ Certificate in Education Support, Understanding Autism)\***

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**Provider name (e.g. in-school, RTLB, Kāhui Ako, Tertiary Provider, PLD Provider)\***

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**Is the course NZQA approved?\* (Please choose one)**

[ ]  No

[ ]  Yes

**Are there any prerequisites required?\* (Please choose one)**

[ ]  No

[ ]  Yes

**If yes, please list the Prerequisites:**

**Does this PLD course lead onto a next level course?\* (Please choose one)**

[ ]  No

[ ]  Yes

**Is this PLD course delivered?\* (Please choose one)**

[ ]  Online

[ ]  Face to face

[ ]  Other: Please specify ­­­­­­­­

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**Is the PLD delivered out of your school hours?\* (Please choose one)**

[ ]  No

[ ]  Yes

**PLD/Course Start Date (DD/MM/YYYY)\***

**PLD/Course End Date (DD/MM/YYYY)\***

**Describe in 250 words or less how the PLD you have identified will assist you to develop your capability to improve student wellbeing and/or cultural capability and/or capability to support all learners?\***

**Does the PLD meet the school’s vision, values and/or policies or priorities for professional learning and development?\* (Please choose one).**

[ ]  No

[ ]  Yes

**If yes, please describe in 250 words or less how these will be met\*:**

**Describe in 250 words or less how this PLD meets your own appraisal/development goals\*.**

**Have you completed any other PLD (external or in-house) in the last 12 months?\* (Please choose one).**

[ ]  No

[ ]  Yes

**If yes, please describe in 250 words or less about that PLD?\***

**Endorsement Application**

**Have you discussed your application with your supervisor?**

[ ]  No

[ ]  Yes

[ ]  Has your application been endorsed by your Principal/person holding delegated authority?

\*Please supply the email address of your Principal/Tumuaki or person holding delegated authority. They will receive an email advising them of your application.

**PLD or Course Costs**

Please indicate the likely costs of the PLD you intend to undertake

|  |  |  |
| --- | --- | --- |
| Type*(e.g. Wage Costs, Course Fees/Materials, Travel/Accommodation)* | Description*For wage costs, please enter your hourly rate x the number of hours at the course* | Amount ($)*Enter the amount of this cost in $NZD* |
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|  | **Total** | $ |

**Isolation Allowance**

An additional amount of up to $500 for travel costs is available for professionally or geographically isolated teacher aides who meet one or both of the following criteria

*Please select which of the following criteria apply to your situation*

[ ]  Located more than 100kms from a population centre of more than 20,000 people.

[ ]  Specialist course content only delivered in limited locations of 100kms+ away or between islands.

**Statistical information**

**Gender\***

[ ]  Male/Tāne

[ ]  Female/Wāhine

[ ]  Gender Diverse/Ira rau

[ ]  Do not wish to provide/Kāore e Whākina

Ethnicity\*

Iwi

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**Declaration**

[ ]  The information I have provided to support my PLD application is true and correct.\*

[ ]  I agree to the Ministry using the information I have provided for the purpose of approving my PLD application.\*

[ ]  I agree to the Ministry using the information I have provided for the purposes of research, evaluation and statistical at an aggregate (non-identifiable) level.