**SPARQ-ed Research Immersion Program Teacher Application Form 2017**

**Personal Information**

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| **Name :** | |
| **Date of Birth :** | **Gender : Male 🔿 Female 🔿** |
| **School work place :** | **Year Level taught:** |
| **School email:** | **Alternative email:** |
| **School Address :** | |
| **School Phone :** | **School Fax :** |
| **State School 🔿 Fee $300**  **Non-Government School 🔿 Fee $550**  **School ICSEA < 950 🔿 Fee $TBN** | **Metropolitan 🔿**  **Regional 🔿**  **Remote 🔿** |
| **My preference would be to undertake the program in (please number in order of preference – 1 being your first choice) :** | |
| **Term 1**   * 03-07 April, 2017 (not open to year 10 students, first week of the Easter Vacation) **FULL**   **Term 2**   * 19-23 June, 2017 * 26-30 June, 2017 (**regional, rural and remote students [first choice]** beyond 50km, first week school vacation) * 03-07 July, 2017 (second week of the school vacation) **FULL**   **Term 3**   * 18-22 September, 2017 (regional and remote teachers only) * 25-29 September, 2017 (second week of the school vacation)   **Term 4**  **** 27 November -01 December, 2017 (not open to year 12 students)  **** 04 -08 December, 2017 (not open to year 12 students) | |
| **I wish to identify as:**  **Aboriginal 🔿 Torres Strait Islander 🔿 Student with a disability 🔿 ESL 🔿 EALD 🔿** | |

**Payment details:**

PLEASE NOTE: FEES ARE THE RESPONSIBILITY OF THE STUDENT, UNLESS A PRIOR ARRANGEMENT HAS BEEN MADE WITH THE SCHOOL TO COVER THE COSTS.

**Fees are payable by the school or staff member via credit card. Once the applicant has been accepted in to the program you will be sent an additional form requesting credit card details. The fee will be charged to the credit card prior to commencement of the immersion. A non-refundable $50 administration fee will apply to confirm place in the immersion program, this will be deducted from the total cost ($300/$350).**

**Participant acknowledgement**

I hereby acknowledge that to participate in an immersion a fee is payable by credit card or by the school by prior arrangement.

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(Name) Signature Date

School finance details – **if school is paying for immersion**

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| --- | --- |
| School Finance contact: | School Finance contact email : |
| School ABN: |  |

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| **Please write a short statement on what qualities you can bring to the SPARQ-ed Research Immersion Program, citing examples where possible. Explain why you want to take part in the program and detail any areas of how this may be used in your classroom:** |

**Section 6: Principal’s Approval**

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| **I have read the staff members’ application and can verify and confirm the accuracy of the information contained within I support the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for participation in a SPARQ-ed Research Immersion Program**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / /**  **(signed Principal or Principal’s delegate)** |