



TEACHER TRAINING COURSE SEMESTER 2 - 2009

TEACHER INFORMATION

Title: ----- **First Name:** ----- **Family Name:** -----

Address: -----

Phone No: ----- **Mobile:** -----

Email: -----

Language Taught: ----- **Level:** -----

COURSES OFFERED

MONASH UNIVERSITY

Title: LOTE Methodology (English)

Primary Teachers	Phase I	Sep 1	Clayton	<input type="checkbox"/>
Advanced Methodology	Phase II	Sep 2	Clayton	<input type="checkbox"/>

Venue: Monash Uni – Clayton Campus - Building 6, Room 250.

Time: 5.00pm – 8.00pm

RMIT UNIVERSITY

Title: LOTE Methodology

Arabic	Phase I	Aug 26	City	<input type="checkbox"/>
Chinese	Phase I	Aug 26	City	<input type="checkbox"/>
Chinese	Phase II	Aug 28	City	<input type="checkbox"/>
English	Phase II	Aug 28	City	<input type="checkbox"/>
Greek	Phase I	Aug 25	City	<input type="checkbox"/>

Venue: Chinese Ph I & II: Building 51, L2, RM 15 (City Campus) – **English:** Building 51, L2, RM 14 (City Campus)
Arabic: Building 51, L2, RM 11 (City Campus) **Greek Ph1:** Building 51, L2, RM 14 **Time:** 5.30pm – 8.30pm
 Building 51 is located at 89-92 Victoria Street, close to Swanston Street

VICTORIA UNIVERSITY

Title: LOTE Methodology

Vietnamese	Phase I	Oct 20	Footscray	<input type="checkbox"/>
Vietnamese	Phase I & II	Oct 24	Springvale	<input type="checkbox"/>

Venue: Vietnamese Ph I: Building E, L1, RM E101 (Footscray)
Vietnamese Ph I & II: SICMAA, 9 Hillcrest Grove (Springvale)

Time: 5.30pm – 8.30pm
Time: 9.00pm – 5.00pm

TO BE COMPLETED BY SCHOOL ONLY

SCHOOL INFORMATION

School Name: -----

Address: -----

Phone No: ----- Mobile: -----

Email: -----

Language Taught: -----

1. Please indicate Course and University:

Course -----University -----

The above mentioned must fulfil the following requirements:

The ----- [School Name] nominates the above named teacher / instructor to undertake training and provides the following true and correct information.

The Teacher / instructors is

- | | | |
|---|-----|--------------------------|
| ▪ Currently practicing teacher in our school | Yes | <input type="checkbox"/> |
| ▪ Permanent resident of Australia | Yes | <input type="checkbox"/> |
| ▪ Has not previously undertaken the nominated training course | No | <input type="checkbox"/> |

Additional Information:

If any of the above teacher in mainstream school or with the VSL you are required to provide this information.

The following also teach in other settings:

Name of Teacher / Instructor	Teaching in Mainstream School Or VSL

We understand and agree to the following:

- Unless otherwise specified, the language of instruction and assessment for the Community Languages Schools' Training courses is English. It is expected that participants will have a level of English, which permits them to participate effectively in and complete all parts of the program.
- Credit for these Community Languages Schools' Training courses must be negotiated individually with tertiary institutions, Universities have different ways of recognising prior study as part of a pathway toward a formal qualification

Signed _____

Principal _____ President School Council / Parents Group

Date: -----

POST: ESAV Office, 150 Palmerston St, Carlton, 3051

PHONE: (03) 9349-2400 FAX: (03) 9349-1295

EMAIL: abubaker.fahry.f@edumail.vic.gov.au

PLEASE NOTE: Application will not be accepted without the above details and signatures of the appropriate officers.