

Supported Students, Successful Students Graduate Scholarship Program

Master of Teaching
(School Counselling) 2017-2018

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| **Applicant’s photograph**Please attach a recent passport size photo which shows a full front view of your head and shoulders. If your photo is larger than indicated, please trim to size. Please sign reverse of photograph before attaching. |

# Application Form

Please identify which scholarship you are applying for by placing a tick in the appropriate box below. If you wish to apply for both Rural and Metropolitan areas, please ensure that you tick both boxes (For further information in relation to Rural and Metropolitan areas please refer to the work locations nominations form at Appendix 4):

☐ Rural ☐ Metropolitan

## 1. Applicant Details

| Title | First name | Middle name | Family name |
| --- | --- | --- | --- |
|  |  |  |  |

| Date of birth | Country of Birth | Citizenship |
| --- | --- | --- |
| DD/MM/YYYY |  |  |

| Home address |
| --- |
|  |
|  |
|  | Postcode |  |

| Contact details |
| --- |
| Home phone: |  |
| Mobile phone: |  |
| Email address: |  |

Optional information

☐ Please tick this box if you are an Aboriginal person or a Torres Strait Islander\*.

\*An Aboriginal or Torres Strait Islander is a person of Aboriginal descent or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which she/he is associated.

## 2. Bank Account Details

Please nominate the bank account that you would like to receive the scholarship allowances.

| Name of the financial institute | Account name |
| --- | --- |
|  |  |

| BSB number |  | Account number |
| --- | --- | --- |
|  |  |  | — |  |  |  |  |  |

## 3. Academic Qualifications

Please provide details of your academic qualifications.

| Institution | Degree held/being completed | Date of completion | Number of subjects to be completed |
| --- | --- | --- | --- |
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You need to provide your academic transcripts to date.

Consistent with NSW Government policy, any person who falsifies their record of academic and/or professional qualifications to gain employment may be dismissed and/or prosecuted.

☐ Please tick this box once you have attached a certified copy of your academic transcripts and any certificates supporting the above qualifications.

## 4. Employment History

Please provide details of work experience that you believe are relevant to your suitability for undertaking the Master of Teaching (School Counselling) and becoming a Department of Education School Counsellor.

| Position title | Organisation | From (MM/YYYY) | To (MM/YYYY) |
| --- | --- | --- | --- |
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## 5. Supporting Statement

Please attach a supporting statement (up to 500 words) addressing the following questions:

Why are you applying for this scholarship to undertake the Master of Teaching (School Counselling) program and become a school counsellor in NSW public schools?

What is your understanding of the role of the school counsellor?

Describe the skills and experiences you bring to working as a school counsellor in NSW public schools.

☐ Please tick this box once you have attached the statement, which should be signed and dated.

## 6. Referee Reports

You need to provide two referee reports supporting your application. The Referee Report Form is at Appendix 3.

☐ Please tick this box once you have attached two referee reports.

## 7. Work Location Preferences

You need to nominate the locations in rural/regional New South Wales where you would like to be considered for employment as a school counsellor. The Work Location Nomination Form is at Appendix 4.

☐ Please tick this box once you have completed and attached the Work Location Nomination Form.

## 8. Proof of Identity

You need to provide certified copies of your identification document (at least 100 points). Information about the acceptable documentation and their respective points are provided in the information sheet at Appendix 6.

☐ Please tick this box once you have attached certified copies of 100-point proof of identity.

## 9. Working With Children Check

To be eligible for this Graduate Scholarship Program, you need to have a current and valid NSW Working with Children Check (‘WWCC’) clearance number, issued by the NSW Children’s Guardian (http://www.kidsguardian.nsw.gov.au/).

There are two types of WWCC clearance:

| Category | Fee | Validity period |
| --- | --- | --- |
| Volunteer | $0 (free) | 5 years |
| Paid Worker | $80 (non-refundable) | 5 years |

If you do not currently have a WWCC clearance number, please apply for a WWCC clearance online at [the Children’s Guardian website.](http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check)

If you are not otherwise engaged in paid child-related work, for the purpose of undertaking the Master of Teaching (School Counselling) program at the University of Sydney, you are only required to obtain a Volunteer WWCC. You will be required to obtain a Paid Worker WWCC prior to commencing your employment with the Department of Education. You will need to meet the cost of obtaining WWCC clearance.

Once you have made an application online, you will receive an application number. You will then need to present your application number to a NSW motor registry, RMS Agency or Service NSW, along with your 100 points proof of identity. Once your application has been processed, the Children’s Guardian will notify you of the outcome.

For further information regarding the above, please visit the Children’s Guardian website, or call (02) 9286 7219.

### Declaration for Child-Related Work

You need to provide your WWCC clearance number to the Department of Education for verification by completing the Declaration for Child-Related Work form at Appendix 7.

☐ Please tick this box once you have completed and attached the Declaration for Child-Related Work form, having included your WWCC clearance number in that form.

OR

☐ Tick this box if the Children’s Guardian is still processing your WWCC application and you have attached proof of your WWCC application (e.g. an email from Children’s Guardian acknowledging the receipt of your application).

## 10. Pre-Employment Screening

You need to complete two more pre-employment screening forms:

Crimtrac Application and Consent Form at Appendix 8,

By completing this form, you give consent to the Department of Education to conduct a national criminal records check. The form asks for 100 points proof of identity. The Department will use your identity document provided under section 8 above.

Pre-Employment Health Declaration Form at Appendix 9.

☐ Please tick this box once you have completed and attached both of the above forms.

## 11. Statement of Understanding

I understand that acceptance into the Supported Students, Successful Students Graduate Scholarship Program is conditional on enrolling in the Master of Teaching (School Counselling) program at the University of Sydney.

I understand that if offered a Supported Students, Successful Students Graduate Scholarship, I am required to complete the program on a full-time basis within two years.

I understand that I will receive $24,000 per year for a maximum of two years for a full-fee paying place, or $6,500 per year for a maximum of two years for a Commonwealth Supported place. I understand that I will receive a one-off textbook and incidentals allowance of $1,500 upon commencement of the Master program and an appointment allowance of $2,000 (Metropolitan scholarship) or $6,000 (Rural Scholarship) after satisfactory completion of the Master program.

I will be obliged to execute a formal Deed of Agreement with the Department of Education, which will include obligations concerning:

* successfully completing the Master of Teaching (School Counselling) program at the University of Sydney within two years;
* accepting a school counselling appointment to a NSW public school in one of the agreed NSW locations according to workforce need
* remaining in a full-time school counselling appointment for a minimum period of two years following the completion of the Master of Teaching (School Counselling) program
* repayment of financial assistance in certain circumstances such as:
	+ this application containing misrepresentations, or
	+ failure to comply with the obligations under the Deed of Agreement.

I understand that the information provided in this application is collected by the Department of Education for the purpose of the administration of the Supported Students, Successful Students Graduate Scholarships. It will be used by the Department of Education for consideration of my admission to the Program, ongoing participation in the Program, suitability for employment or appointment and other purposes relevant to the proper and prudent management of the Supported Students, Successful Students Graduate Scholarships.

I acknowledge that I have provided the information in this application voluntarily. I understand that my personal information will be stored securely.

I certify that the information I have provided on this form is accurate and complete.

| Applicant’s full name |
| --- |
|   |

|  |  |  |
| --- | --- | --- |
| Applicant's signature  |  | Date |

## 12. Lodge the application

Please send your application to:

**Student Wellbeing Recruitment Program**

**NSW Department of Education**

via email to:

SWRP@det.nsw.edu.au

**OR**

via mail to:

Locked Bag 3003

BLACKTOWN NSW 2148

For more information contact

Vicki Melitas

Psychological Services

Registration Advisor

Telephone: (02) 9244 5424

Email: Vicki.Melitas@det.nsw.edu.au

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Your application must be received by Friday, 9 December 2016.
Late, incomplete or incorrectly completed applications may not be considered.