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| **dec-black** | **Every Student, Every School: Learning and Support Scholarships for school counsellors** |  | Applicant’s photographPlease 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** |  |

***This opportunity is available to permanent school counsellors employed by the Department of Education and Communities.***

**1. Applicant details**

|  |  |  |
| --- | --- | --- |
| Department ID Number (*for permanent employees)* |  |  |

|  |  |  |
| --- | --- | --- |
| Date of birth | Country of Birth | Citizenship |
|  |  |  |
| *dd/mm/yyyy* |  |  |

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

|  |  |
| --- | --- |
| Home address |  |
|  | Home phone: |  |
|  | Home fax: |  |
|  | Postcode |  | 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 in which they live.*

**2. Current position**

Status of employment with the NSW Department of Education and Communities

|  |  |  |  |
| --- | --- | --- | --- |
|  | Permanent full-time |  | Permanent part-time |

Current position

|  |
| --- |
|  |

Name of school

|  |  |  |
| --- | --- | --- |
|  | Code |  |

School address

|  |  |  |
| --- | --- | --- |
|  | Postcode |  |
| Telephone: |  | Fax: |  |

**Principal's name**

|  |  |  |
| --- | --- | --- |
| Title | First name | Family Name |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you currently on leave? |  | Yes |  | No |  |
|  |  |  |  |
| If yes, please indicate: | Type of leave |  | Period of Leave: |  |

*Consistent with NSW Government policy (Premier’s Department Circular 2004-03), any person who falsifies their record of academic and/or professional qualifications to gain employment may be dismissed and/or prosecuted.*

**3. Academic qualifications**

Please provide details of your current qualifications**.**

|  |  |  |
| --- | --- | --- |
| **University** | **Course** | **No. subjects to complete** |
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**4. School Counselling experience**

Please list schools and period of employment in chronological order

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| --- | --- | --- | --- |
| **Year of employment** | **School(s)** | **Position** | **Years employed** |
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**5. Supporting Statement**

*Please attach a brief (1 page) supporting statement for your application.*

***The statement should demonstrate the reasons for pursuing further studies which could include:***

1. The value that will be added from the course to your role as a school counsellor/district guidance officer of students who have additional learning and support needs.
2. Some of the skills that you have that are critical elements in supporting students who have additional learning and support needs, such as your capacity to:
* plan, implement and coordinate programs for students with complex needs
* work as an effective team member and with other government and non-government agencies around complex case manangement
* communicate effectively with students, staff, families and community organisations
* have an understanding of and sensitivity to the needs of student with diverse learning needs, from socio-economic disadvantaged background, Aboriginal students and students from diverse cultural background.

The statement should be signed and dated.

**6. Principal's comments** *(Your school principal must complete or endorse this section).*

Please comment in the space provided below for consideration as part of the selection process. Extra information may be provided if you consider it would be useful. Note that comments provided will be used for no other purpose than to support the application to this retraining program. Your comments will be crucial in assisting the selection of the applicants.

You may request a delegate to complete this report on your behalf, but if you do take this option, please also sign, date and apply the school stamp.

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School Stamp

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| --- | --- |
| **This section MUST be completed by the Principal** | *If the report is written by a delegate this section must also be completed and signed.* |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Principal's name |  | Delegate’s name |
|  |  |  |
|  |  | Delegate’s position |
|  |  |  |
| Principal's signature |  | Delegate’s signature |
| Principal’s contact No |  |  | Delegate’s contact No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Date: |  |

Section 5.2.1 of the *Procedures for the Provision of Personal References* allows employees to issue personal references in an official capacity to assist other employees in applying for DEC-sponsored programs. The Department’s policy on providing personal references is available from the website on <https://www.det.nsw.edu.au/policies/staff/ethical_behav/conduct/procedurepersref.pdf>.

**7. Statement of understanding**

I understand the terms of the Every Student, Every School: Learning and Support Scholarships for the school counselling service*.* I understand that acceptance into the program is conditional on applicants enrolling in a recognised masters level program that will support students with complex needs. I understand that if offered a sponsorship in the Every Student, Every School: Learning and Support Scholarship to complete post graduate qualifications, I am required to complete the program within two years. I understand that I will receive $5,000 per year for a maximum of two years and that on satisfactory completion of the program I will be provided with an incentive payment of $3,000.

I will be obliged to execute a formal Deed of Agreement which includes obligations concerning:

* completing service for a minimum of one year in a NSW public school following completion of a recognised masters level program for supporting students with additional learning and support needs
* repayment of financial assistance in certain circumstances such as:
	+ this application containing misrepresentations
	+ not completing training satisfactorily

I certify that the information I have provided on this form is accurate and complete. In applying, I acknowledge that personal information about me will be used by the NSW Department of Education and Communities in the interests of the proper and prudent management of the Every Student, Every School: Learning and Support Scholarship program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Applicant's full name (in block letters) |  | Applicant's signature |  | Date |

**Privacy Notice**

The information provided by the applicant is being obtained for the purpose of the administration of theEvery Student, Every School: Learning and Support Scholarshipby the NSW Department of Education and Communities.

It will be used by the NSW Department of Education and Communities for consideration of the applicant’s admission to the Program and the applicant’s ongoing participation in the Program.

Reasons for the collection and disclosure of information are for the purposes of consideration of the applicant’s application to participate in the Program, the applicant’s participation in the Program and other purposes relevant to the proper and prudent management of the NSW Department of Education and Communities’ Every Student, Every School: Learning and Support Scholarship Program.

The information is provided as part of the applicant’s applying voluntarily to participate in the Sponsorship Program.

The information will be stored securely.

If the applicant does not provide all or any of this information then the application will not be considered by the NSW Department of Education and Communities.

**Please ensure that the original or a scanned copy of the application form is:**

**Returned to: Veronica Willmott**

Senior Manager, Recruitment Programs

 Every Student, Every School: Learning and Support Scholarship

 Locked Bag 3003

 BLACKTOWN NSW 2148 or

 **Email to** Veronica.Willmott@det.nsw.edu.au

**Note: Incomplete or incorrectly completed applications may not be considered**.

**CHECKLIST**

Please note that all required documentation should be submitted with your application. This checked page should be attached and returned with your completed application.

In submitting your application, please ensure you:

|  |  |
| --- | --- |
|  | Inform your principal that they may be contacted |
|  | complete **all** sections of the application form, including your statement of support |
|  | include your current NSW Department of Education and Communities ID number |
|  | supply verified copies of your current NSW drivers license and a second form of ID |
|  | attach your photograph to the front page |
|  | make and keep a copy of your completed application for your own records |
|  | 1. include **application for enrolment** and, as it becomes available
2. **evidence of successful enrolment** in recognised Masters level program
 |