

**APPLICATION FORM - 2010  
ITALIAN SHORT TERM TEACHERS  
(ASSISTANT TEACHERS) PROGRAM**

Name of school: \_\_\_\_\_ Email: \_\_\_\_\_

School address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Region: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

Number of years Italian has been taught at school: \_\_\_\_\_

Full name of contact person: \_\_\_\_\_

Has the school previously had an Italian Short Term Teacher (Assistant Teacher)?

If so, please advise the year/s:

\_\_\_\_\_

**Please indicate the number of students and the contact time per week for each year level:**

Level	Number of students	Contact time	Level	Number of students	Contact time	Level	Number of students	Contact time
Prep			Year 5			Year 9		
Year 1			Year 6			Year 10		
Year 2						Year 11		
Year 3			Year 7			Year 12		
Year 4			Year 8					

Total number of students: \_\_\_\_\_

Total number of hours: \_\_\_\_\_

✧ **Teacher information: (For qualifications, please specify whether teacher has a major, sub-major and LOTE method or LOTE accreditation)**

Name	LOTE qualification	LOTE method (yes or no)	Time fraction teaching Italian	Year levels taught 2009	Number of years teaching Italian

**Specify how your school would benefit from an Italian Short Term Teacher (Assistant Teacher):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**How does the school propose to use the Italian Short Term Teacher (Assistant Teacher) to support its Italian program?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What school level support will your school offer the Italian Short Term Teacher (Assistant Teacher)? (eg: own desk, school tour, introductions to staff, inclusion in curriculum activities)**

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I understand that success in this application will require the school/school community to:

provide temporary accommodation for up to a **maximum period of four weeks** and to negotiate the financial conditions of this arrangement with the Italian Short Term Teacher (Assistant Teacher)

- where necessary, assist in the identification of ongoing accommodation
- where necessary, provide transport assistance to and from school
- attend activities organised by COASIT for the program such as meetings, induction
- complete an Evaluation Form at the conclusion of the Italian Short Term Teacher (Assistant Teacher)Program

**Signature of Languages Coordinator/contact person:**

**Endorsement of Principal:**

**Name:**

**Date:**