

2010 Teacher Fellowship Program at the Powerhouse Museum

Application Form

Your contact details:-

Name:

School:

Telephone:

Mobile:

Fax:

Email:

Teaching duties (level and areas):

In school year:

1.

2008

2.

2009

3.

2010

Other responsibilities in school:

1.

2.

Professional qualifications: Universities and on-going professional development that you have attended or currently attending

Qualification	Institution	Major Subject(s)	Year awarded
1.			
2.			
3.			
4.			

Sequential Teaching History:

School	Level	Position	Date of visit
1.			
2.			
3.			
4.			

Professional Associations: List any professional associations that you belong.

1.

2.

3.

Relevant work: List any other relevant work that you have taken.

1.

2.

3.

Demonstrated [Professional Teaching Standards](#) at or above the Professional Competence stage prescribed by the NSW Institute of Teachers (if more space is needed, please use a separate sheet of paper)

What are the three best practice principles that guide your curriculum planning and instructions (if more space is needed, please use a separate sheet of paper)

Your visit to the Powerhouse Museum: student excursions organised or professional development programs attended

Programs or exhibitions	Relevant KLAs or units of work	Year or Stage	Date
1.			
2.			
3.			

Describe why you consider the Powerhouse Museum to be a valuable teaching and learning resource

Please nominate a referee for professional reference

Name:

School:

Position:

Telephone:

Mobile:

Fax:

Email:

(Applicant's signature)

(Date)

(Principal's signature)

(Date)

Any additional comments or information that you consider important for this application
