

2017 Advocacy Trip to Japan for Principals

PRIVACY NOTE: The information that you provide on this form is covered by the Privacy Act 1993 and will only be used for selection and placement purposes

Applications must reach ILEP Office by 5 p.m. 26 October, 2016

nstructions for completing the application form

- 1. Open the form using **Adobe Acrobat Reader** (free software available from www.adobe.com) or **Adobe Acrobat full version**.
- 2. Once the form is open, with the left-hand mouse button, click on the field to be completed, and insert your text. Once the information has been entered, click outside the field that has just been completed or press "tab" to move to the next field. When completing check boxes simply click in the box with the mouse and an "X" will appear. To remove the "X" click in the box again. Please be sure to verify that the full text is visible on the printed sheet once the form has been completed. This is particularly important where several lines of text have been filled in. Inserting paragraph returns using the "enter" key may push the text out of the available space, effectively causing it to disappear from the form.
- 3. To check whether the contents of a field are visible, simply press "tab" or click outside the field. If the inserted text is not visible, try deleting some of the paragraph returns or reinserting the text.

Applications for the 'Advocacy Trip to Japan' is open to all New Zealand School Principals.

Checklist. Please ensure you have completed all application requirements, so we can process your application immediately.	Please fill in the form and send it to E-mail : programmes@ilep.ac.nz or Post (preferably E-mail please)
 ☐ Your photo ☐ A photocopy of your passport ☐ Completed this application form and separate paper document 	Jennifer Thomson ILEP, Faculty of Education & Social Work Private Bag 92601 Symonds Street Auckland 1035 New Zealand

Secti	ion A Identity		
A 1	Name as shown on passport		
	Family/last name Given/first name(s) Please attach your photo		
	Preferred name		
A2	Preferred title Mr Mrs Ms Miss Dr Other (specify)		
А3	Gender Male Female		
A4	Date of birth		
A5	Main country of citizenship		
A6	Are you a New Zealand citizen or resident? Yes No		
Α7	Details of your current passport		
	Number Country		
	Expiry date Sue date Place of issue		
A8	Provide your address and contact details		
	Number and street name/PO Box		
	Suburb		
	City, Postal Code		
	Country		
	Home phone Mobile phone		
	E-mail address		

CCI	ion B Emergency contact details	
31	Family/last name	Given/first name(s)
32	Preferred title Mr Mrs	Ms Miss Dr Other (specify)
33	Relationship	
34	Home phone	Mobile phone
	Work phone	E-mail address
ecti	ion C School information	
:1	School name	School decile
:2	Provide postal address of school	
23	Type of School Primary	Intermediate Secondary
24	Work Phone number	Mobile number
C 5	E-mail address	
:6	How did you find out about the Advoc	acy Trip to Japan for Principals?
	Education Gazette	
	Japanese National Adviser	
	School	
	Ministry of Education website	
	Ministry of Education website ILEP website OR ILEP E-mail	

Sect	ion D	Health
D1		have any medical issues , physical restrictions, impairments, or allergies that may limit your participation programme?
	Yes	No No
	If yes, plea	se provide details

Section E Please address the questions below, on the separate piece of paper provided marked "Section E"

- 1) Why have you applied for this Advocacy Tour?
- 2) How are you planning to use your experience on this Tour to contribute to your school and / or your local community on your return?

(Your comments should include reference to the current situation in your school, future directions and objectives for your students and/or local community regarding Japanese. Add any other information that you consider relevant that will help the selection committee assess your application).