Country Practicum Program

Funding application form

1. Complete this form to apply for a travel allowance and living subsidy for placements undertaken in a Western Australian rural, regional, or remote school.
2. Submit your **completed and endorsed** application to: [ProfessionalPrac@education.wa.edu.au](mailto:ProfessionalPrac@education.wa.edu.au)
3. Once submitted, our team will contact you to confirm eligibility of funding.

*Note that submitting this form does not guarantee acceptance into the program.*

# Applicant information

Sections A to D are to be completed by the pre-service teacher or pre-service school psychologist.

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| **Section A** | | | | | |
| **Personal details** | | | | | |
| First name: | | Click here to enter text. | **Title:** | Click here to enter text. | |
| Surname: | | Click here to enter text. | **Middle name:** | Click here to enter text. | |
| Mobile: | | Click here to enter text. | **Date of birth:** | Click here to enter text. | |
| Email personal: | | Click here to enter text. @ Click here to enter text. | **Employee ID:** | E- Click here to enter text. | |
| Email student: | | Click here to enter text. @ Click here to enter text. | **Working with Children Check number:** | Click here to enter text. | |
| Unique Student Identification number: | | | Click here to enter text. | | |
| Do you identify as Aboriginal and Torres Strait Islander? | | | | Yes  No | |
| **Address** | | | | |
| Street: | | Click here to enter text. | | |
| Suburb: | | Click here to enter text. | **Postcode:** | Click here to enter text. |
| Will you be temporarily returning home, or residing with family members when undertaking this placement? | | | | Yes  No |
| If you answered no to the above question, please indicate below where you will be staying while you undertake your professional experience placement. | | | | |
|  | Staying (billeting) with a teacher from my host or another school.  *Name of teacher:* Click or tap here to enter text.   Hosts that reside in Government Regional Officer Housing (GROH) are eligible to receive a billeting allowance of $125 per week, which is deducted from the applicant’s funding. **The Department must be notified of any billeting arrangements or changes as they occur.** | | | |
|  | Department of Education Residential College. *Name of college:* Click here to enter text. | | | |
|  | University accommodation, for example, Agricola (Kalgoorlie), Notre Dame Broome, ECU Village Bunbury, UWA Albany. | | | |
|  | Other. *Name or details of other residence:* Click here to enter text. | | | |
|  | Unknown/ currently seeking.   Funding will not be finalised until you advise the Country Practicum Program team of your temporary residence. | | | |

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| **Section B** | | | |
| **University course of study 2022** | | | |
|  | Bachelor of Education 4th year |  | Master of Teaching 1st year |
|  | Bachelor of Education 3rd year |  | Master of Professional Psychology |
|  | Master of Teaching 2nd year |  | Master of Psychology (other) |
|  | Other: Click here to enter text. | | |
| Is this your final professional experience placement? | | | Yes  No |
| In which year will you complete your initial teacher education training (year of graduation)? | | Enter year. | Semester 1  Semester 2 |
| **Teaching area** | | | |
|  | Secondary |  | Early childhood |
|  | Primary |  | Other: Click here to enter text. |
| **Subject specialisation (secondary teaching area only)** | | | |
| Major: | Click here to enter text. | | |
| Minor: | Click here to enter text. | | |

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| **Section C** | | | |
| **Bank details** Please provide bank account details for the travel allowance and living subsidy payment to be paid into, if your application is successful. | | | |
| Bank: | Click here to enter text. | | |
| Account name: | Click here to enter text. | | |
| BSB (6 digits): | Click here to enter text. | **Account number:** | Click here to enter text. |

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| **Section D** | |
| **Declaration** | Yes No |
| I have read and understood the eligibility and full program requirements, which can be accessed at: [education.wa.edu.au/country-practicum-program](https://www.education.wa.edu.au/country-practicum-program) |  |
| I understand that my receipt of this funding is conditional on my attendance at an induction and orientation session. |  |
| I am an Australian permanent resident/citizen or New Zealand citizen, and currently reside in Western Australia. |  |
| I confirm that all the details provided in this application are correct. |  |
| I confirm I am required to advise the Department in writing if I do not proceed with or complete this placement, and that I will outline the circumstances and reimburse all or part of the subsidy as required. |  |
| I understand any reimbursement requirements will be at the discretion of the Department, and may include submitting a summary of expenditure with receipts. |  |
| Applicant signature: (please sign below) | **Date:** |
|  | Click here to enter date. |

# University endorsement

Sections E to F are to be completed by the University Professional Experience Coordinator.

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| **Section E** | | | |
| **Placement details** | | | |
| **Name of school:** | Click here to enter text. | | |
| **Dates of placement:** | DD/MM/YYYY to DD/MM/YYYY | | |
| **Number of whole weeks:** | Click here to enter text. | Course average to date (percentage): | Click here to enter text. % |
| **Name and email of mentor teacher:** | Click here to enter name. Click here to enter email. | | |

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| **Section F** | | | |
| **Endorsement** | | | |
| **Name:** | | Click here to enter text. | |
| **University:** | | Click here to enter text. | |
| **Telephone:** | | Click here to enter text. | |
| **Email:** | | Click here to enter text. | |
|  | I can verify the applicant’s identity to apply for the program. | | |
|  | I confirm that the placement details are correct for this applicant. | | |
|  | I confirm that the applicant is suitable to complete their professional experience in a rural, remote, or regional location. | | |
| **Coordinator’s signature:** (please submit this form on behalf of the applicant if you are using a digital signature) | | | Date: |
|  | | | Click here to enter date. |