AUTISM TEACHING INSTITUTE
Western Autistic School • Registered Training Organisation
ABN 82 408 473 608

Expression of Interest Professional Learning Subsidy 2018
Graduate Diploma of Teaching Students with Autism Spectrum Disorder 22337VIC

Name:	*School:*
Phone:	*School Phone:*
Email:	

Qualifications

Degree/Diploma	Institution	Date of Study

Describe your current role:

☐ Classroom teacher of student with ASD ☐ Classroom teacher not currently teaching student with ASD

☐ Leading teacher ☐ Other_______________________________________

Age group currently teaching: *Please circle*	P-3	3-6	7-9	9-12
Current understanding of Autism Spectrum Disorder:		Limited	Developing	Sound

NB: Please attach a brief description of the key benefits for you and your school for undertaking this course.

>>

1. **Principal/Line Manager Approval**

As Principal/line manager you approve uptake of the professional learning grant?

☐ Yes
☐ No

Please note, in agreeing to support this application you are committing to providing up to 15 days* CRT over the 3 semesters (*estimated cost of $5295.06 required to facilitate practicum attendance.) I also understand that my school will be eligible to claim a CRT subsidy of a maximum of $798.10 for the total course. Do you as principal/line manager agree to pay CRT release (if required) for practicum attendance associated with course participation?

☐ Yes
☐ No

Principal / Line Manager Name: ____

Principal / Line Manager Signature: ___________________________________ Date: ___ /___ /___

………..

1. Declaration

I, ____
(Print applicant name)

do solemnly declare that the answers and information provided in this application are complete and accurate and that all information pertinent to this application has been fully disclosed, irrespective of whether or not such information was specifically requested.

I understand that upon completion of the Course, I may be invited to provide supervision for future ATI students.
I am also aware that the Autism Teaching Institute, Western Autistic School or the Department of Education and Training Victoria is under no obligation to accept my expression of interest in a professional learning subsidy.

Declared by: ____ on ________________
(Signature of applicant) *(Date)*

NOTE: You must print and sign this Declaration

2. **Please return a signed, completed application to: admin@autismteachinginstitute.org.au**

Applications close at **5pm Friday 15th June 2018**. Applications received after this time will not be accepted.