INCREDIBLE YEARS TEACHER PROGRAMME

Expression of Interest/Registration Form

**We will notify you when plans are finalised and dates available for the next programmes.**

|  |  |
| --- | --- |
| **Your surname** |  |
| **First name** |  |
| **Ethnicity** |  |
| **Registration Status** |  |
| **Highest Teaching Qualification** |  |
| **Contact email** |  |
| **School Number** |  |
| **Employing School** |  |
| **Address of School** |  |
| **Type of School** |  |
| **Contact Number of School** |  |
| **Decile Rating** |  |
| **Number of children in class** |  |
| **Age range of children currently teaching** |  |
| **Type of class** |  |
| **% of children who identify as Māori in class** |  |
| **% of children who identify as Pasifika in class** |  |
| **Number of children in class receiving RTLB behaviour services** |  |
| **Number of children in class receiving ORS funding or other Special Education support.** |  |
| **Number of hours per week Teacher Aides / Communication Support Workers (CSW) are present in class** |  |
| **Any other MOE programmes in class** |  |

Please print this clearly – this will be how we contact you

|  |  |  |  |
| --- | --- | --- | --- |
| **Email:** |  | **Phone Work:** |  |
| **Mobile:** |  | **Phone Home:** |  |

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| --- | --- |
| **Postal Address:** |  |
|  | |
| **Please state any special dietary requirements:** | |
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**Please complete and email, fax or post to: Ministry Of Education Special Education  
 PO Box 8158  
 New Plymouth 4342. Attention : Trish Cover IY Co-ordinator  
 Fax: 06 758 4135  
 Email:** [**trish.cover@minedu.govt.nz**](mailto:trish.cover@minedu.govt.nz)   
 **DDI: 06 757 6420**