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| V:\Ed-Data\OXED\DEPARTMENTS\Professional Development\Numicon Affiliate Programme\Affiliate Admin\NUM_AffiliateProg_CMYK-3.jpgInternational Numicon Affiliate ProgrammeProfessional Development Course – Application Form (2018) | | | | |
| **Name:** |  | | | |
| **Job Title:** |  | | | |
| **Organization:** |  | | | |
| **Telephone:** |  | | | |
| **Business Email:** |  | | | |
| **Business**  **Postal Address:**  **Postcode:** |  | | | |
| **Invoice Address:**  **Postcode:**  (if different) |  | | | |
| **Type/Remit of Organization:** (please indicate all that apply) | | | | |
| **RTLB** | |  | **Special Needs** |  |
| **Traded Service** | |  | **School Cluster/Association** |  |
| **Early Years** | |  | **Initial Teacher Education** |  |
| **Primary** | |  | **Research** |  |
| **Secondary** | |  | **Advisory- e.g. Cognition** |  |
| **Other (please give details)** | | | | |

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| **It is a requirement that all those attending this course, and joining the International Numicon Affiliate Programme, are familiar with Numicon.**  **Please detail below:** |
| **Your experience with Numicon** |
|  |
| **Your experience within mathematics education** |
|  |
| **Your experience in the use of practical resources to support mathematical teaching and learning** |
|  |
| **Your experience in leading teacher professional development** |
|  |
| **Your experience in other areas of education** |
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| **Upon successful completion of the course, you will have access to a wide range of Numicon professional development materials. You will be able to use these within the remit of your role and that of your affiliated organization. Please detail below, *as fully as possible:*** |
| **The professional development opportunities you would like to offer, e.g. Introduction to Numicon** |
|  |
| **The location of these opportunities** |
|  |
| **The mechanisms by which these opportunities will be funded, e.g. RTLB/Speld/CoL** |
|  |
| **The methods by which these opportunities will be quality assured, e.g. observation/evaluation** |
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| **Signature** (agreement with the terms of the Numicon Affiliate Programme) | **Date** |
|  |  |

Please complete this form as thoroughly as possible and return to margi@numicon.co.nz