

NEW ZEALAND ASSOCIATION OF LANGUAGE TEACHERS

Speak Up Award

Before you complete the details below, please read carefully the criteria and rules on the NZALT website. The information you provide will be strictly confidential to the Executive of NZALT.

Please print a copy of this form and fill in all details below.

PERSONAL DETAILS

Name

Address

Telephone (home)

Telephone (work)

E-mail

CURRENT TEACHING

Present school

Position

Languages and levels taught

REFEREE *Please supply the name and address of one referee who could give further information about you and the benefits of your course of study.*

Name

Current position

Address

Tel (work)

E-mail

DETAILS OF COURSE OF STUDY

Please outline dates and details of the course of study.

What previous study have you done of this language?

What benefit will there be to your school as a result of you taking this course?

NZALT MEMBERSHIP

Membership number

Year of first joining NZALT

FINANCIAL

Total costs of your course of study

\$

Other funding sources

Amount requested

\$

This application must be sent

- by post to: The Secretary
 NZALT,
 PO Box 270
 Matamata 3440
- or by email to : secretary@nzalt.org.nz

For NZALT use only

Date application received

Date presented to Executive

Approved / Not approved

Amount awarded

Applicant notified

Report received