**CERTIFICATE OF EFFECTIVE PRACTICE IN GIFTED EDUCATION:**

**COURSE ENROLMENT FORM – SCHOLARSHIP APPLICATION**

Name:...…………………………….......................................................................................

Home address: ….………………………………...................................................................

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Postal address if different ………………………………………………………………………..

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Home phone: (….) …………………..… Mobile: …..………..………….……………

Home email address: ...……………………………….............................................

Academic qualifications: ……………………..………………………………............................

Registration status (where applicable) ………………………………………………………….

Your current position: …..……………………………….........................................................

Name of school, centre or practice where you are employed or based:

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Please briefly describe any professional development or study you have previously undertaken in gifted education

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Please briefly describe any previous experience you have had in working with gifted learners, and in what capacity.

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What access to gifted learners do you currently have or can you arrange?

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**Principal’s Agreement**

I have read the conditions applying to this scholarship and I support this application.

(SGD)…………………………………………………………………….. (Principal) Dated: / /

**Returning your form:**

Please email your completed form to [giftedreach@aotearoagifted.nz](mailto:giftedreach@aotearoagifted.nz) **or** post to

Dr Rosemary Cathcart, 18/40 Owhatiura Drive, Lynmore, Rotorua 3010.