# **Supplementary information**

**Name of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Brief description of the impact of your previous TESSOL study on your teaching and or school/ECE

Brief description of why you would like to further your study in the TESSOL field

If successful, I agree to begin the proposed study within the next 12 months, cover any additional costs and submit a brief report to the Ministry at the completion of each course.

**Applicant:** Name: Signed: Date:

The school is committed to supporting the applicant during the course of study.

**Principal/Leader:** Name: Signed: Date: