# **Beginning or Second Year Teacher Time Allowance Application**

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| School information  |
| School name |  | School no.  |  |
| Contact email |  |
| Application type  |
|  [ ]  | First year (less than 12 months teaching experience)  |
|  [ ]  | Second year (more than 12 months but less than 24 months teaching experience)  |
| Teacher details |
| Teacher’s name |  |
| Teacher’s MOE number |  | FTTE |  |
| Teaching Council Registration Number |  |
| Tenure | [ ]  Permanent | [ ]  Fixed term |
| Start date |  | End date (if fixed term) |  |
| Teaching experience Complete this section if the teacher has had teaching experience overseas or in an Early Childhood Education centre, worked in a Limited Authority to Teach capacity (LAT) or participated in a Teach First NZ training programme. |
| School | **Start date** | **End date** | **Tenure** |
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| Additional information  |
| Is the teacher currently registered with the Teaching Council?  | [ ]  Yes or Pending  |
| [ ] No |
| Is the teacher employed for at least 10 weeks / 1 term? | [ ]  Yes |
| [ ]  No |
| Is the teacher being paid from Teacher’s Salaries (11900), Study Award (11320) or Principal Sabbatical (11340)?\*  | [ ]  Teacher’s Salaries  |
| [ ] Study Award |
| [ ] Principal Sabbatical |
| *\* If the teacher will be charged to more than one funding code during the year. Please specify the dates in the notes section below.*  |
| Notes  |
|  |
| CertificationI certify that I have checked the information on this form, to the best of my knowledge, is true and correct in every particular |
| Principal’s name |  |
| Principal’s signature |  | Date |  |