# **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 | | | | |
|  | | | | |
| Certification  I 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 | |  |