**Learning Support Teacher Study Award Employer’s Support Form for a Ministry Staff**

Your staff wishes to apply for a Learning Support Teacher Study Award. If you support your teacher’s application for this study award, please complete the following steps:

1. Read about the study your teacher will undertake. <https://www.education.govt.nz/school/people-and-employment/principals-and-teachers/scholarships-for-people-working-in-schools/special-education-study-awards-and-scholarships/>
2. Discuss study leave requirements with your teacher, in the event that they are successful in their application.

The length of study for the Postgraduate Diploma is two years at part-time.

* 1. The Ministry of Education expects the employer to provide a teacher, who is working at 1 FTE and studying for two papers, with **50 days** of paid study leave per calendar year.
	2. Directors of Education have agreed that regions will self-fund the backfill needed to cover the study leave for the Ministry staff undertaking this study.
	3. If the teacher is employed at less than 1 FTE, (i.e. part-time) or is taking less than two papers per year, the amount of study leave and the employer contribution amount will reduce proportionally.
1. Fill out, print and sign this form
2. Return this form to your teacher, who will submit it as part of the application process.

If you have any questions, please contact the Study Awards Advisor on 04 463 8558 or via E-mail to learningsupport.workforce@education.govt.nz.

I, *(print name)* (The Employer)*,* support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(print name of teacher applying for study award)* (The Employee)to undertake a Postgraduate Diploma in Specialist Teaching and hereby agree to the terms and conditions explained above. I, as the Employer, agree to provide the amount of paid Study Leave required to the teacher, if they are successful in their application. By agreeing to these terms, I am providing my support and approval for the teacher to undertake the study award for the entirety of its duration.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_