**Learning Support Teacher Study Award**

**Employer’s support form**

Your teacher is interested in applying for a Learning Support Teacher Study Award. If you support your teacher’s application for this study award:

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. Fill out, print and sign this form
3. 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 emailing to learningsupport.workforce@education.govt.nz.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter name),* support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter name of teacher applying for study award)* to undertake the Postgraduate Diploma in Specialist Teaching and support the teacher’s study leave, should they receive the Learning Support Teacher Study Award.

Please comment on their strengths and/or areas for development below:

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

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

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

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