# **Specialist Classroom Teacher and Specialist Teacher Application**

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| School information | | | | | | |
| School Name | |  | | School no. |  | |
| Contact Email | |  | | | | |
| Application type  Before making this appointment please refer to these [guidelines](http://www.education.govt.nz/school/running-a-school/resourcing/school-staffing/staffing-allowances-on-top-of-entitlement/teacher-specific-staffing-allowances/#special-allowance) | | | | | | |
|  | Specialist Classroom Teacher (Secondary Schools) | | | | | |
|  | Specialist Teacher (Area Schools) | | | | | |
| Teacher details | | | | | | |
| Teacher’s name | |  | | | | |
| Teacher’s MOE number | |  | | | | |
| FTTE status | |  | | | | |
| Tenure | | Permanent | Fixed term | | | |
| Position details | | | | | | |
| Tenure of SCT/ST position | | Permanent | Fixed term | | | |
| Start date of new SCT/ST | |  | End date (if fixed term) | | |  |
| Name of previous SCT/ST | |  | | | | |
| Date of termination in SCT/ST position | |  | | | | |

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| Principal declaration  The appointee to this role meets the eligibility requirements in the relevant Collective Agreement. The appointment to the role complies with the Guidelines for the Appointment of Specialist Classroom Teachers in Secondary Schools (SCT) or Specialist Teachers (ST) in Area Schools.  Should the teacher appointed to this role be no longer eligible at any stage the allowances will be removed, effective from when the teacher was no longer eligible. | | | |
| Principal’s name |  | Date |  |
| Principal’s signature |  | | |
| Teacher declaration  By accepting this role, I understand and accept that any salary units I currently hold that are in excess of the SCT/ST entitlements must be relinquished for the duration of my appointment as SCT/ST. | | | |
| Teacher’s name |  | Date |  |
| Teacher’s signature |  | | |