**Learning Support Study Award Employer’s Support Form for Schools**

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

1. Read about the study your staff member will undertake - <https://www.education.govt.nz/education-professionals/schools-year-0-13/scholarships-and-study-awards/learning-support-study-awards/deaf-and-hard-hearing-study-award>
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 their staff member, who is working at 1 FTE and studying for two papers, with **50 days** of paid study leave per calendar year.
	2. As part of the study award, the Ministry of Education will make a contribution to yourself as the employer for the purpose of hiring relief teachers to cover the study award recipient teacher while they are on leave. The rate of the contribution is calculated at **$300** per day (including GST).
	3. If the staff member 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.
	4. The aforementioned payment amounts are meant solely as a contribution, not as full cover for the cost of hiring a relief teacher. The school is expected to cover the cost of any potential discrepancies between the actual cost of hiring a relief teacher and the contribution amount.
1. Fill out 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 Senior Advisor on +6444634831 or via email at learningsupport.workforce@education.govt.nz.

I, *(print name)* (The Employer)*,* support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(print name of staff member 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 staff member, if they are successful in their application. By agreeing to these terms, I am providing my support and approval for the staff member to undertake the study award for the entirety of its duration.

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

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

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