

# NZSL@School New Application

This application form is for schools who would like to apply for NZSL@School support for a student for the first time. Once completed please submit your application form to [nzslschool@kotakureo.school.nz](mailto:nzslschool@kotakureo.school.nz)



Deaf Education New Zealand

Personal information	
Student's name	
Date of birth	
Student's ORS status	Not verified <input type="radio"/> High <input type="radio"/> Very high <input type="radio"/>
Age (as of 1/1/2022)	
Ethnicity	
Current year level	
Year level for 2022	
Student's Support	RTD <input type="radio"/> AODC <input type="radio"/>
Email address	

Parent or caregiver's name	
Email address	
Contact number	

Name of school or education facility		
Principal's Name		
Principal's email address		
School contact person's name		
School contact person's role		
School contact person's email address		
School contact person's phone number		
Proposed school (if not yet at school)	Start date	
Name of person completing this form		
Role of person completing this form		
Email address		

Names of the other team member(s) involved in the completion of this form you would like to receive the funding agreement letter.		Email address	
		Email address	
		Email address	
		Email address	
This application has been discussed with the student's family and team			Yes <input type="radio"/> No <input type="radio"/>
I agree to the information provided to be shared with relevant staff within Ko Taku Reo Deaf Education New Zealand			Yes <input type="radio"/> No <input type="radio"/>
Date			

### Current support

Is this student receiving ORS funded teacher aide support? (If yes, state the number of hours currently received and hourly rate) Yes  No

Is this student receiving Special Education Grant (SEG) teacher aid support? (If yes, state the number of hours currently received) Yes  No

### Student information

What are the students' areas of need? (eg. Social and Emotional, Language and Communication Skills)

What language does this student use at school? (eg. NZSL, Spoken English, Te Reo and/or other)  
Please indicate receptive language, expressive language and/or any comments

What language does this student use at home? (eg. NZSL, Spoken English, Te Reo and/or other)  
Please indicate receptive language, expressive language and/or any comments

If possible, please email a current IEP, Audiology report, audiogram, and any recent language assessments to: [nzslschool@kotakureo.school.nz](mailto:nzslschool@kotakureo.school.nz)

## NZSL@School support request for 2022

How many hours per week of C/ESW support are you applying for?

What is the hourly rate you are applying for? (GST exclusive)

Please indicate any additional hours/support outside of School hours eg. Kapahaka, School camps (4 hours per year allowed for IEP meetings for all students). Please indicate term, purpose, and number of hours for each:

## Interpreter support request for 2021

Are you applying for interpreter support for 2022? (If yes, state the hours per week required)

Yes  No

What is the hourly rate are you applying for? (GST exclusive)

What will this be used for? (Please indicate term, purpose, and number of hours for each. Each invoice must have these details included to be processed).

## NZSL tutor support request for 2022

Separate to C/ESW funding, you can apply for NZSL tutor support. This can either be in conjunction with C/ESW funding or stand alone support

Are you applying for NZSL tutor support for 2022?

Yes  No

Who will this support be for?

Student

Classmates

Family/whanau

C/ESW

Preferred days (if known)

Mon

Tue

Wed

Thu

Fri

Preferred times (if known)