

## CERTIFICATE OF EFFECTIVE PRACTICE IN GIFTED EDUCATION COURSE ENROLMENT FORM

**Please note:** Please ensure you have read the course prospectus before completing this enrolment form. You can download it from our website, [www.giftedreach.org.nz](http://www.giftedreach.org.nz). Any queries or if you cannot download it, feel welcome to email us at [reacheducation@xtra.co.nz](mailto:reacheducation@xtra.co.nz).

Name:.....

Home address: .....

.....

Postal address if different .....

.....

Home phone: (....) ..... Mobile: .....

Home email address: .....

Date form completed .....

Academic qualifications: .....

Registration status (where applicable) .....

Your current position: .....

Name of school, centre or practice where you are employed or based:

.....

Work phone (....) ..... Work email: .....

Postal address.....

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Please briefly describe any professional development or study you have previously undertaken in gifted education

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Please briefly describe any previous experience you have had in working with gifted learners, and in what capacity.

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What access to gifted learners do you currently have or can you arrange?

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Which time frame option would you prefer? (Check prospectus for details. If open to more than one, please show order of preference)

- Option 1 NZ/Aus – March start
- Option 2 Other regions – negotiable

Please confirm here that you have read the course prospectus before completing this form.  
See note at top re accessing a copy.

- Yes, I have read the prospectus

Fees invoice (please tick one): Where do you wish your fee invoice to be sent?

- to your employing institution?       to you at your home address?

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**Returning your form:**

Please email your completed form to [reacheducation@xtra.co.nz](mailto:reacheducation@xtra.co.nz)  
or post to:

REACH Education,  
Villa 18 Lynmore Rise,  
40 Owhatiura Drive,  
Rotorua 3010,  
New Zealand.

**Australian participants:**

If your institution is paying for you, remember under your Government regulations a Purchase Order should accompany your enrolment form.  
Your office will need our ABN, it is: 66 877 271 885.