

**CERTIFICATE OF EFFECTIVE PRACTICE IN GIFTED EDUCATION:  
COURSE ENROLMENT FORM – SCHOLARSHIP APPLICATION**

Name:.....  
Home address: .....  
.....  
Postal address if different .....  
.....  
Home phone: (....) ..... Mobile: .....  
Home email address: .....

Academic qualifications: .....  
Registration status (where applicable) .....  
Your current position: .....  
Name of school, centre or practice where you are employed or based:  
.....

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?  
.....  
.....  
.....

**Principal's Agreement**

I have read the conditions applying to this scholarship and I support this application.

(SGD)..... (Principal) Dated: / /

**Returning your form:**

Please email your completed form to [giftedreach@aotearoagifted.nz](mailto:giftedreach@aotearoagifted.nz) or post to Dr Rosemary Cathcart, 18/40 Owhatiura Drive, Lynmore, Rotorua 3010.