**“TA’ALOUF” TRAINING PROGRAM FOR TEACHERS**

**APPLICATION FORM**

**APPLICANT’S PERSONAL INFORMATION APPLICANT’S SCHOOL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **FULL NAME** |  | **NAME OF SCHOOL** |
|  |
| **GENDER 🞎 MALE 🞎 FEMALE** |  | **JOB TITLE** |
| **NATIONALITY** |  |
| **E-MAIL ADDRESS** |  | **GRADES YOU ARE TEACHING  (for teachers)** |
| **MOBILE** |  |
| **UAE ID NUMBER** |  |  |

**APPLICANT’S EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF UNIVERSITY/COLLEGE** | **DEGREE EARNED** | **SPECIALTY** | **ACADEMIC YEAR** | **COUNTRY** |
|  |  |  |  |  |
|  |  |  |  |  |

**APPLICANT’S EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF INSTITUTION** | **JOB TITLE** | **DATE** | | **COUNTRY** |
| **FROM** | **TILL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**DO YOU HAVE EXPERIENCE IN DEALING WITH A SPECIAL NEEDS CHILD?  
🞏 NO**

**🞏 YES, STATE RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TYPE OF DISABILITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, the program participant, hereby commit to abide by the following upon my enrolment in the Ta’alouf training program:**

1. attend all sessions, arriving on time, and participate in the session activities and breakouts;
2. in case of absence, inform instructor and provide evidence (i.e., medical report, etc.);
3. complete and apply all activities in their classroom and school as directed;
4. maintain an individualized portfolio as per the professional development training program guidelines;
5. work collaboratively with their assigned mentor during the mentoring period;
6. cooperate collegially in the final assessment.

**🞏 Agree 🞏Disagree**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

For inquiries, please contact the Department of Program of Al Jalila Foundation by e-mail: [**taalouf@aljalilafoundation.ae**](mailto:taalouf@aljalilafoundation.ae).