DECYP Languages Grant Application for 2025

Form Preview

Applying for a Languages Grant

* indicates a required field

Applicants please note:

Before completing this Expression of Interest form, please read the Languages Grant Guidelines: <u>Languages Grant Guidelines for 2025.</u>

If you have any questions regarding the Languages Grant Program, please contact **curriculum@decyp.tas.gov.au**.

Confirmation of Eligibility

By selecting 'yes' below, you are confirming that:

- you are submitting an application for a Languages Grant for a Tasmanian government school, and
- the application has the approval of the school Principal.

Please so	elect below: *		○ No
Contac	t Details		
* indicate	s a required field		
Applica	nt Details		
School n	ame *		
	eld only if relevant.		
Title	First Name	Last Name	
Principa	's email address	5 *	
	email address.		
Contact Title	person for this of First Name	grant application Last Name	n at your school *

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Contact person's email address *
Must be an email address.
Grant Type
* indicates a required field
Please indicate which type of grant you wish to apply for: * Primary School Grant Secondary School Grant Both Please choose one grant type.
Primary School Languages Grants
* indicates a required field
Which language(s) do you intend to teach at your school? * Auslan Chinese French Indonesian Italian Japanese
Language program will align with Australian Curriculum Language v9 ○ Yes ○ No
Did your school receive a Languages Grant for the 2024 school year? * ○ Yes ○ No
Please list the names of your Language(s) teacher(s) * It is recommended that Language(s) teacher(s) be included in the decision to apply for this grant. If you do not have a Languages teacher, please record as 'not yet confirmed'.

Program objectives *

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Briefly outline the main objectives of the program.
Program details *
Provide details of the Language(s) program.
Intended outcomes of the program *
Briefly outline intended outcomes of the program.
Secondary School Languages Grants
* indicates a required field
Which language(s) do you intend to teach at your school? * O Auslan O Chinese
FrenchGerman
IndonesianItalian
Japanese
Will your language program align with Australian Curriculum Languages v9 ○ Yes ○ No
Did your schools receive a Languages Grant for the 2024 school year? *
O No
Please list the names of your Language(s) teacher(s) *
It is recommended that Language(s) teacher(s) be included in the decision to apply for this grant. I

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you do not have a Languages teacher, please record as 'not yet confirmed'

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List the feeder schools you will be working with. *
Transition objectives *
Briefly outline the main objectives of the program.
Program details *
Briefly outline the main objectives of the program.
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Thank you

Thank you for your interest in a Languages Grant. Based on the information provided in the previous question, your application cannot be completed.

Please review your response to the previous question if you would like to continue with your application.