

Application Form for the SIL Vernacular Creative Phonics Course 2020

There will be 1 VCP Course offered in 2020. *The VCP Course dates will be from 23 June - 10 July, arriving on 22 June, departing 11 July, 2020.*

Name: _____ Date _____

Your language name: _____ Province: _____

Male/Female _____ (for accommodation purposes **if accepted**)

Age of participant: _____ Highest grade completed: _____

Are you a Teacher? _____ Are you a Teacher Trainer? _____

Name of the school where you are currently teaching: _____

Are you posted in your own language area? _____

How many years have you been teaching in your vernacular? _____

If you are **NOT** posted to your own language group, do you speak the vernacular language of the people where you teach? _____

Can you read and write in the vernacular language of the children that you teach? _____

Name of this language: _____ Province: _____

What grade or grades are you currently teaching? TPPS, Elementary Prep, Elementary 1, Elementary 2 or what Primary Grade? _____

My understanding of English is: good _____ ok _____ poor _____

What are your reasons for wanting to attend the Vernacular Creative Phonics (VCP) course?

Have you attended any SIL PNG courses or workshops before? _____

If yes, please give the name of the course or workshop:

_____ Date _____

Is there an **SIL language team** (translation or literacy) in your language? _____

Please give the name of the SIL Team working in your language: _____

Course Fees:

The course fees for the Vernacular Creative Phonics Course are decided by the Administrative Staff of the Training Centre in conjunction with the current literacy staff. Please contact the SIL Training Centre for the course fees and accommodation costs etc. **If you are accepted, all fees must be paid when you arrive and before you will be allowed to attend the course.**

How will you pay for the VCP course? Cash / SIL or BTA account / Other – ***If Other, please give the details.***

If paying by SIL / BTA Account, please write the account no. to Charge: _____

Tick the following box by the paragraph below if you understand and agree:

- By submitting this application form you understand that SIL has limited space for this 2½ week workshop. **Submitting this application form does not mean you are accepted. We will notify you if you are accepted on the course.**

Participant Contact Information: (print clearly)

If you have an email address please write it here: _____

If you have a Postal Address please write it here:

If you have a Digicel, B-Mobile, or some other telephone number we can contact, please write it here:

_____ or _____ or _____

If you have an SIL person/sponsor working in your language group or assisting you with your program, you can ask them to contact us on your behalf. **But remember** there is a **deadline and limited space**.

Will you need accommodation and meals? Yes _____ No _____

If you are not staying in at the Training Centre, lunch will not be provided during the course unless you pay for it personally.

Do you have any food allergies, or food you cannot eat? Please give details:

The Deadline for the **VCP application form** is **March 31, 2020** for the **June VCP Course**. Please try to get these back to us as soon as possible because classroom space is limited and we need to reserve enough accommodation at our Training Centre.

SIL Contact Information:

If you are mailing your application form, please mail it to the following address:

SIL Language Services
Attn: Training Centre (VCP 2020 Applications)
P.O. Box 1 (418)
Ukarumpa, EHP 444

Papua New Guinea

If you are emailing your application form, please email it to the email address below:

at-officeasst_png@sil.org

If you would like to call us and provide the application information, please follow these calling instructions:

Dial - 537 3544 then **WAIT** for the voice to START (do not wait for the voice to finish!) and THEN Dial these 4 numbers: 4755.

Tell the person answering that you would like to attend the Vernacular Creative Phonics Course and need to give them this application information.

If you need a **'Teacher Release Request Form'** to attend a Course, please provide the name and address of the person we should address and send this request to on your behalf.

Name of the person to send the form to: _____

Address of the person to send the release form to:

Signature _____ Date: _____

Thank you for completing this application to attend the Vernacular Creative Phonics Course. We look forward to hearing from you.