

## TUF Mentoring and Education Support Program Partner School Application 2021-2023

This form is to be completed by schools which wish to proceed with the official application AFTER having attended the *Briefing Session*. TUF will invite schools which meet the minimum eligibility to attend a *Partnership Exploration Meeting* with TUF's Partner School Review Committee.

Deadline for submission of official application is **March 8, 2021**. Please return this form to Ms Christy Lee at [christylee@teachunlimited.org](mailto:christylee@teachunlimited.org) or call 2857 1205 for more information.

### (I) School Information

<b>School Name</b>			
<b>Address</b>			
<b>Contact Name</b>			
<b>Position</b>			
<b>Tel Number</b>	(office)		(mobile)
<b>Email</b>			
<b>Website</b>			
<b>Service Area/District</b>			
<b>School Banding</b>			
<b>Student Population</b>			
<b>Percentage of students from family receiving government assistance</b>			
<b>CSSA</b>	%	<b>STA (Full)</b>	%
		<b>STA (Half)</b>	%
<b>Percentage of students in school</b>			
<b>SEN</b>	%	<b>NAS</b>	%
		<b>NCS</b>	%

**(II) Other Information**

**Experience of your school in partnership with other NGOs and/or programs relating to student development.**

Academic Year

NGO / Program

**Apart from TUF, any future plan of your school in partnership with other NGOs and/or programs relating to student development.**

Academic Year

NGO / Program

**Additional information you would like to share about your school**

**How did you hear about Teach Unlimited Foundation?**

**Why are you interested in our program?**

### (III) Program Proposal

*(Please note that final implementation details are to be developed by TUF's Program Mentors in conjunction with the school team.)*

<b>Champion</b> <i>(usually School Principal)</i>	
<b>Institutional Coach</b> <i>(usually Vice Principal)</i>	
<b>Education Support Subject</b>	
<b>Targeted Form(s)</b>	
<b>Proposed activities to be supported/provided by TUF Program Mentors</b> <b>(See Appendix VII for sample list)</b>	
<b>Proposed intervention times (Check all that apply)</b> <input type="checkbox"/> In class (small group teaching or co-teaching) <input type="checkbox"/> After school <input type="checkbox"/> Lunch time <input type="checkbox"/> Others:	
<b>Please share your initial thoughts on how to sustain the TUF program after two years</b>	

**(IV) Partnership Exploration Meeting – at Your School**

*(School management including the School Principal, institutional coach, relevant subject panel head, teachers, etc. should attend)*

- Please state 1, 2, 3 against your choices of preferred meeting dates & indicate your available time for school meeting (around 1 to 1.5 hour)

Date	Your Preference	Time Available	Date	Your Preference	Time Available
March 15 (Mon)			March 22 (Mon)		
March 16 (Tue)			March 23 (Tue)		
March 17 (Wed)			March 24 (Wed)		
March 18 (Thu)			March 25 (Thu)		
March 19 (Fri)			March 26 (Fri)		

*\*Please delete if inappropriate*

**(V) Signature**

Your data will be kept strictly confidential by Teach Unlimited Foundation for communication purpose, including partnership application and subsequent administration.

If you would like us to keep you updated on our service opportunities, fundraising and other educational activities, please “✓” the box below:

I want to receive updates from Teach Unlimited Foundation.

\_\_\_\_\_  
**Signature of Principal (with school chop)**

\_\_\_\_\_  
**Date**