

APPLICANT NAME: _____

CITY/COUNTRY: _____



Teaching Excellence and Achievement Program (TEA)

International Teachers' Application

A program of the Bureau of Educational and Cultural Affairs (ECA), U.S. Department of State,
and implemented by IREX (International Research & Exchanges Board)

Please complete ALL information requested. Incomplete applications will not be accepted.

Please indicate your program cohort preference (*note: preference is not guaranteed):

- Cohort I (February – March 2012) Cohort II (September – November 2012) No preference

Section I.

1. Name: _____
as listed on passport: (Surname) (First) (Middle)

2. Country of Citizenship: _____

3. Country of Legal Residence: _____

4. Place of Birth: _____
as listed on passport: (city) (country)

5. Date of Birth: _____
(month) (day) (year)

6. Gender: Male Female

7. Teaching Discipline: _____

8. Number of Years Teaching: _____

9. Home Mailing Address:

Street/Building Number _____ Apartment Number _____
(if applicable)

City or Town _____ Postal Index/Code _____

Country _____ Region _____
(if applicable)

Telephone number _____ Mobile Telephone: _____
(country code + city code + number) (country code + city code + number)

E-mail: _____

Application Deadline:
Applications are free of charge and may be duplicated.
Applications are also available via the Internet at www.irex.org

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10. School Address:

Name of School: _____

Street/Building Number _____ Apartment Number _____
(if applicable)

City or Town _____ Postal Index/Code _____

Country _____ Region _____
(if applicable)

11. School Information:

Type of School: (a) Urban or Rural or Suburban
 (b) Public (government-run) or Private

Total number of students at the school: _____

Total number of full-time teachers at the school: _____

Total number of part-time teachers at the school: _____

Grade levels at the school: _____

Age range of students: _____

Student/teacher ratio: _____

School Fees (if any): _____

12. Has a teacher at your school participated in the TEA or the International Leaders in Education Program (ILEP) program? If yes, what is his/her name, the program and the dates of participation?

Yes No

Name(s): _____ Dates of Participation: _____

13. Are you currently applying to any other U.S. government sponsored program, *including online programs*?

Yes No

If yes, please specify which program: _____

Program Dates: _____

Name of sponsoring organization: _____

14. Are you currently applying to programs in any other countries?

Yes No

If yes, please specify which program: _____

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Program Dates: _____

Name of sponsoring organization: _____

15 (a). Have you previously traveled on or participated in a U.S. government sponsored exchange program?

Yes No

If yes, please specify which program: _____

Program Dates: _____

Name of sponsoring organization: _____

15 (b). Have you travelled to any other country on an exchange program?

Yes No

If yes, please specify which program: _____

Program Dates: _____

Name of sponsoring organization: _____

16. Have you traveled to the U.S. or outside your home country previously?

Yes No

If yes, please provide further detail in the table below:

City, Country Visited	Dates of Travel	Reason for Visit (Work/ Tourism/ Exchange Program)

17. Please list other international exposure you have had including working with international organizations or foreigners in your home country.

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18. How did you hear about the TEA program?

- Colleague Program Alumnus Friend School Administrator
 Publication: _____ Website: _____
 Other: _____

19. Education: Please list your educational background.

Institution/School	# of years of study	Field of Study	Degree/Certificate	Year of Degree

20. Foreign Language Proficiency: Please rate your proficiency for each language you know in the categories of reading, writing, comprehension and speaking. Please rate on scale of 1 to 5 with 1 being low, and 5 being high.

Language	Reading	Writing	Comprehension	Speaking

21. Additional Education or Professional Experience & Activity: Please tell us what activities you have pursued inside and outside the classroom to maintain your professional training as an educator. In addition, please list professional organizations that you are a member of and relevant work in your community outside of school. Please emphasize collaborative and leadership activities.

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22. Work History: Please list below your work history for the past five years. Please list your current position first.

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

School Information

Name of school: _____

Department: _____ Position/Title: _____

Length of employment (dates): _____

Grade level(s) taught and age range of students: _____

Number of hours per week teaching: _____

Title of classes taught: _____

Additional duties: _____

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23. Lesson Plan: Describe the most successful lesson you ever taught. How did you plan/ design the lesson? What class activities did you conduct? How was the lesson received by your students and how did you assess your students' learning?

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24. Schedule:

Please provide a sample of your weekly schedule. This should include all classes you currently teach including planning and prep time, as well as additional responsibilities outside of teaching. If you teach in more than one school, please indicate the school name.

School Name	Day of the Week	Time of Day	Length of class/responsibility (in minutes)	Subject	Grade	Number of Students in the Class	Age of students
	Monday	9:00-9:45am	45 minutes	Geography	Grade 9	55 Students	14-15
	Monday	10:00-10:55am	55 minutes	Civics	Grade 10	45 Students	16-17
	Monday	1:00-1:45am	45 minutes	History	Grade 10	40 Students	16-17
	Monday	2:00-3:00am	60 minutes	Prep			
	Tuesday	8:30-9:25am	55 minutes	Civics	Grade 10	45 Students	16-17

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Your Schedule:

School Name	Day of the Week	Time of Day	Length of class/ responsibility (in minutes)	Subject	Grade	Number of Students in the Class	Age of Students

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25. Essay Questions: Please prepare responses to the following two (2) essay questions in the space provided. Your response to the following essay questions is the most important part of your application. Your response will give the selection committee an opportunity to better understand you as teacher and your desire to participate in the program. Your essay responses provide the opportunity for you to present a picture of yourself as an educator and leader in your community. We urge you to think about your responses carefully and thoughtfully. Statements must be clearly written in order to be considered.

In the space provided, please type or write responses to the following essay questions.

1. Explain what you are currently doing with your fellow teachers and administrators to improve the quality of education in your community.
2. What skills and experience do you hope to gain from participating in the TEA Program, and how will these benefit you and your community once you have completed the program?

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Essay Question 1: Explain what you are currently doing with your fellow teachers and administrators to improve the quality of education in your community.

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Essay Question 2: What skills and experience do you hope to gain from participating in the TEA Program, and how will these benefit you and your community once you have completed the program?

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Additional Space: Please use this space for any additional information.

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26. Curriculum Vitae: Please provide your CV in the space provided.

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IREX PRIVACY POLICY & APPLICATION CERTIFICATION STATEMENT

Your privacy is important to IREX. That is why we request that all applicants read the following privacy policy statement carefully.

1. APPLICANT AND PARTICIPANT INFORMATION CONTENT AND STORAGE

Information about program applicants and current and past participants consists of data contained in their applications, information derived from interviews, and information gathered during the course of their program and as program alumni. IREX stores this information in written and electronic form indefinitely. Some data, such as contact information and professional experience, is continually updated.

2. USE OF INFORMATION: Information, which is described above, may be:

- A. Used by selection committees and interviewers to review applicants;
- B. Supplied to the program's funding organization;
- C. Submitted to potential host schools, universities, or organizations and/or organizations that provide internship opportunities; and
- D. Used for the evaluation of an individual's participation in the program and in the collection of data for general program evaluation by IREX, funding agencies or other organizations contracted to conduct evaluations.

IREX does not sell applicant or current/past participant information.

The principles stated herein are binding only to IREX; other organizations involved in the implementation of these programs may adhere to other privacy or similar policies.

3. CERTIFICATION: I certify that I completed this application myself, without any aid or assistance, that the information given in this application is complete and accurate, and that I have carefully read and understand all notes and disclaimers provided therein.

I understand that IREX reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the competition or immediate dismissal from the Teaching Excellence and Achievement Program (TEA).

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program:

- I must abide by all program rules and regulations and observe all the laws of the United States during my stay there, including returning to my home country for at least two years at the conclusion of the program in compliance with J-1 visa requirements.
- The medical insurance provided to me during my travels is intended only for emergencies and does not cover ordinary, pre-existing, and dental conditions.
- My spouse, children, other relatives or individuals are not permitted to accompany me to the United States on the program.

Signature of Applicant

Date

In order for IREX to respond to U.S. Federal inquiries, please check the box(es) below, on a voluntary basis, if you have the following disabilities:

- | | | |
|------------------------------------------------|--------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Visual Impairment (Legally Blind) |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Other (specify): |

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