



ID Number to be Assigned by AC Staff

ENGLISH SPEAKING NATION: SECONDARY TEACHER TRAINING PROGRAM Regional Peer Mentor-Teachers APPLICATION FORM

Sponsored by the Public Affairs Section of the U.S. Embassy in Uzbekistan

Implemented by American Councils for International Education



ENGLISH SPEAKING NATION: SECONDARY TEACHER TRAINING PROGRAM

2019-2020 REGIONAL PEER MENTOR-TEACHERS APPLICATION FORM

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DISCLAIMER: PRIVACY POLICY/CONSENT FOR PERSONAL DATA PROCESSING

By filling out this form, I consent to the collection, usage, storage, and disclosure of my personal data for the purposes of implementing the English-Speaking Nation: Secondary Teacher Training program. This consent form is provided to carry out actions in relation to my personal data that are necessary to achieve the above-mentioned objectives, including (without limitation) the collection, systematization, storage, clarification (updating, change), usage, transfer to third parties for the purposes of information exchange, depersonalization of personal data, as well as the implementation of any other actions as provided by the current legislation of the Republic of Uzbekistan.

I confirm that the personal data related to me (name, contact details, etc.) is provided by entering this data into the application form on the website www.esn-teachers.org or in any other format is voluntary and reliable. By consenting to this policy, I understand that in case untrue/false information is provided, American Councils for International Education reserves the right to exclude my application from consideration.

By consenting to this policy, I understand that the American Councils guarantees the processing of my personal data in accordance with the current legislation of the Republic of Uzbekistan and in accordance with the Law of the Republic of Uzbekistan No. ZRU-547 dated 02.07.2019 "On Personal Data."

This consent is valid for the duration of; and until the formal conclusion of the aforementioned program regarding the processing of personal data or during the period of storage of information. This consent may be withdrawn at any time upon my written request. I confirm that by giving such consent, I act on my own freewill and in my interests.

СОГЛАСИЕ НА ОБРАБОТКУ ПЕРСОНАЛЬНЫХ ДАННЫХ

Заполняя данную анкету, я даю согласие на сбор, использование, хранение, а также на передачу моих персональных данных, в целях осуществления программы English-Speaking Nation: Secondary Teacher Training.

Настоящее форма согласия предоставляется на осуществление действий в отношении моих персональных данных, которые необходимы для достижения указанных выше целей, включая (без ограничения) сбор, систематизацию, хранение, уточнение (обновление, изменение), использование, передачу третьим лицам для осуществления действий по обмену информацией, обезличивание, блокирование персональных данных, а также осуществление любых иных действий, предусмотренных действующим законодательством Республики Узбекистан.

Подтверждаю, что персональные данные, относящиеся ко мне (имя, контактные данные и т.д.), предоставлены путем внесения их в анкету/форму на сайте www.esn-teachers.org или в любой другой форме добровольно и являются достоверными. Соглашаясь с этой политикой, я осознаю, что

в случае недостоверности предоставленных персональных сведений Американские Советы по Международному Образованию оставляет за собой право прекратить рассмотрение моей анкеты.

Соглашаясь с этой политикой, я осознаю, что Американские Советы по Международному Образованию гарантирует обработку моих персональных данных в соответствии с действующим законодательством Республики Узбекистан и в соответствии с Законом Республики Узбекистан № ЗРУ-547 от 02.07.2019 «О персональных данных».

Данное согласие действует во время и до официального завершения вышеупомянутой программы относительно обработки персональных данных или в течение срока хранения информации. Данное согласие может быть отозвано в любой момент по моему письменному заявлению. Я подтверждаю, что, давая такое согласие, я действую по собственной воле и в своих интересах.

ШАХСИЙ МАЪЛУМОТЛАРНИНГ ҚАЙТА ИШЛАНИШИГА РОЗИЛИК БЕРИШ ФОРМАСИ

Ушбу анкетани тўлдириш орқали, мен English-Speaking Nation: Secondary Teacher Training дастурини амалга ошириш учун шахсий маълумотларимни йиғиш, фойдаланиш, сақлаш, шунингдек, улашишга розилик билдираман.

Ушбу розилик шакли юқорида кўрсатилган мақсадларга эришиш учун зарур бўлган шахсий маълумотларимга тегишли ҳаракатларни амалга ошириш, шу жумладан (чеклашсиз) йиғиш, тизимлаштириш, сақлаш, аниқлаштириш (тўлдириш, ўзгартириш), фойдаланиш, ахборот алмашиш мақсадида учинчи шахсларга улашиш (тақдим этиш), шахсий маълумотларни йўқ қилиш каби ҳаракатларни амалга ошириш, шунингдек, Ўзбекистон Республикасининг амалдаги қонунчилигида назарда тутилган бошқа ҳаракатларни амалга ошириш учун тақдим этилди.

Менга тегишли шахсий маълумотларни (Исм, алоқа учун керакли маълумотлар ва ҳоказолар) www.esn-teachers.org веб-сайтидаги ёки бошқа шаклдаги анкеталарга ихтиёрий киритилганини ва ишончли эканлигини тасдиқлайман. Мен тақдим этган шахсий маълумотларим нотўғри бўлган тақдирда, Халқаро таълим бўйича Америка Кенгашларининг Ўзбекистондаги ваколатхонаси аризамни кўриб чиқишни бекор қилиш ҳуқуқини ўзида сақлаб қолишидан хабардорман.

Халқаро таълим бўйича Америка Кенгашларининг Ўзбекистондаги ваколатхонаси - менинг шахсий маълумотларимни Ўзбекистон Республикасининг амалдаги қонунчилигига ва Ўзбекистон Республикасининг 02.07.2019 йилдаги "Шахсга доир маълумотлар тўғрисида"ги ЗРУ-547-сонли қонунига мувофиқ қайта ишланишига кафолат бериши ҳақида хабардорман.

Ушбу розилик юқорида айтиб ўтилган дастур давомида ва шахсий маълумотларни қайта ишлаш ёки расмийлаштириш яқунланишига қадар амал қилади. Ушбу розилик исталган вақтда ёзма талабим асосида қайтариб олиниши мумкин. Мен бундай розилик бериш орқали ўз хоҳишим ва манфаатларим бўйича ҳаракат қилишимни тасдиқлайман.

Signature of Applicant: _____ Date (mm/dd/yyyy): _____

Personal Data

1. **Name** (AS IN OFFICIAL DOCUMENTS): _____
(Family Name) (First Name) (Middle Name)
2. **Country of citizenship:** _____
3. **Country of legal residence:** _____
4. **Place of birth:** _____
(City or Town) (Country)
5. **Date of birth:** _____
(Month) (Day) (Year)
6. **Gender:** Male Female
7. **Total number of years of working as a secondary school teacher trainer:** _____

Insert a passport-sized photo here
(Photo must have been taken within the last year)

8. **If you are interested to be considered for both cohorts of Regional Peer Mentor-Teachers please refer to the Program Timeline and indicate your preference. Note: every effort will be made to accommodate your first choice; however, placement in your first choice is not guaranteed.**

Cohort I

Cohort II

No preference

9. Current Mailing Address:

Street / building number: _____ Apartment: _____

City: _____ Postal Index: _____

Country: _____ Region/Oblast: _____

Telephone: _____ Fax: _____ Email: _____

Emergency contact/Alternate telephone: _____

INFORMATION ABOUT YOUR WORK PLACE/EDUCATIONAL INSTITUTION

10. **Total number of years of working in your current educational Institution:** _____

11. **Your Job Title:** _____ **Number of Years in Current Position:** _____

Are you a full-time teacher/faculty member in your current work place: Yes No

12. Current educational Institution Name in English: _____

Current educational institution name in your native language: _____

Street: _____ PO box (if applicable): _____

City, Province/State: _____ Zip/ Postal code: _____

School phone: _____ School fax _____

School website: _____ Your work email: _____

School principal/Dean/Headmaster name and job title: _____

Your supervisor's name (if different from above) and Job Title: _____

13. Current Educational Institution Demographic Information:

Total Number of Teachers: _____ Total Number of Students: _____

Type of institution: Public Private Religious Specialized International

Other : _____

Population of city where School/Institution is located: _____

Location of school: Urban Suburban Rural

Level of school: Primary Secondary Tertiary (Institution of Higher Education)

In-Service Teacher Training Center Other: _____

14. Work Address:

Institution: _____

Department: _____ Job Title: _____

Street / building number _____

City: _____ Postal Index: _____

Country: _____ Region/Oblast: _____

Telephone: _____ Fax: _____ Email: _____

Alternate telephone: _____

CURRENT TEACHING AND PROFESSIONAL RESPONSIBILITIES

15. Primary Workplace: Please indicate your teaching load in your current educational institution.

Please provide the requested details about your current teaching responsibilities.					
Subjects: Be specific and provide details (e.g. English Grammar and Literature for 2 nd Year Students)	Total Hours per Week	Length of a Class (e.g. 45 min.)	Students' Grade Levels and Ages		Number of Students (per class)
			Grade	Age	
Please describe additional activities that you are engaged in your institution					
Be specific and provide details (e.g. supervision of teachers, curriculum development, leader of pre-service teachers' practicum, training for in-service teachers etc.)	Hours per Week		Students' Grade Levels and Ages		Number of Students (per class)
			Grade	Age	

16. Secondary Workplace: If you teach in any other school/institution or engage in private tutoring, please provide the information below. Please include how many hours you teach in your secondary workplace.

EMPLOYMENT AND LEADERSHIP HISTORY

17. Employment History: Please list any full-time employment positions you have held in the past 10 years, beginning with your current workplace.

Dates (mm/dd/yyyy)		Position Title	Institution Name	Institution Location	Grades Taught (e.g. 8-12)	Students Age Range (e.g.14-18)	Number of Students (per class)
From	To						

18. Teaching Honors and Professional Memberships: Please list any teaching scholarships, academic awards, honors, or prizes you have received and/or publications you have authored. Whenever possible, please attach copies. Limit the number of attachments to three.

Date (mm/dd/yyyy)	Awards, Scholarships, Honors, Prizes, Etc.

19: Leadership History: Please list any formal leadership position (e.g. Teacher Trainer, Head teachers, leader of a teacher training unit, etc.) you have held, including the responsibilities and dates.

Dates (mm/dd/yyyy)		Leadership Title	Responsibilities
From	To		

EDUCATION HISTORY AND KNOWLEDGE OF LANGUAGES

20. Education History: Please list all educational institutions you have attended after high school beginning with the most recent school attended.

Institution Name	Institution Location	Dates Attended (mm/dd/yyyy)		Title of Degree (e.g. Bachelor's, Master's, etc.)	Date Received or Expected	Major Subjects/Field of Study
		From	To			

Attach a certified copy of the following from the institutions listed above:

a) Diplomas and transcripts from all institutions from which you graduated (e.g. bachelor's and master's degrees), and **b)** Professional development certificates received within last five years. *Please note that, if selected as a semi-finalist, you must bring original copies of your transcripts and teaching certifications to the interview. Limit the number of attachments to six.

21. Knowledge of Languages: Please write your native language first then rate other languages you speak (including English) as Excellent, Good, Fair, or Poor.

Language	Reading	Writing	Speaking	Listening

22. English Language Proficiency: If you have taken any standardized English language proficiency tests, such as TOEFL, IELTS, or others, please state the results and provide copies.

Most Recent Test Taken	Date Taken (m/d/yy)	Results

23. TESOL Core Certificate Program Practicum Requirements for Classroom Observation and Practice Teaching:

a) Some of the RPMs will be invited to participate in TESOL Core Certificate Training Program. In order to complete the course requirements, you must have access to a classroom for 10 hours of observation as well as 10 hours of practice teaching. Please list the secondary school(s) that will support you in this portion of your training. It can be the same school where you currently work.

School name	Location City/Village	Days of the Week	Grades you will teach

b) In order to complete the Classroom Observations and Practice Teaching components of the TESOL Core Certificate program, you must identify a school/institutional supervisor or master teacher that can guide you through this practicum experience. Please list the name of the experienced ELT professional who will guide you through this process.

Name: _____

Professional Title: _____

School/Institution: _____

Relationship to applicant: _____

Contact information: _____

Education Credits: _____

c) In order to complete the Practice Teaching component of the TESOL Core Certificate program, participants must record and send two 15-minute teaching samples to TESOL. Are you able to record and send two 15-minute teaching samples to TESOL at corecertificate@tesol.org? Yes No

SUPPLEMENTARY INFORMATION

The following information will NOT be considered in the evaluation of your application. The information is needed for logistical purposes if you are selected to this program.

- 25.** Do you have access to a computer in Uzbekistan? Yes No
 If yes, where do you use it? Home Office Other _____
- 26.** Are you familiar with basic computer skills including use of word processing software (e.g., Microsoft Word) and Web browsers (e.g., Internet Explorer, Firefox, Safari)? Yes No
- 27.** Do you use email on a regular basis? Yes No
- 28.** Do you use Internet on a regular basis? Yes No
 If yes, where do you use it? Home Office Other _____
- 29.** Have you ever taken an online course before? Yes No
- 30.** Are you able to download larger files, such as videos from YouTube and PDF documents larger than 50kb? Yes No
- 31.** Have you ever participated in an online event such as a Web cast or a virtual guided activity? Yes No

32. Have you ever taken part in a blog, an online chat room, or a social networking site such as Facebook? Yes No
33. Do you smoke? Yes No (Information necessary for arranging hotel rooms)
34. Please list any physical disabilities
(impaired vision, impaired hearing, etc.; will have no impact on selection)

35. Do you currently participate in any other educational program? Yes No

If yes, which programs _____

36. How did you first learn about the English Speaking Nation: Secondary Teacher Training program?
(Please check all that apply below)

- | | |
|---|---|
| <input type="checkbox"/> Ministry of Public Education | <input type="checkbox"/> Conference Booth |
| <input type="checkbox"/> U.S. Embassy | <input type="checkbox"/> Electronic Listserv |
| <input type="checkbox"/> Avloni Training Center | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Regional Training Center | <input type="checkbox"/> Program Flyer |
| <input type="checkbox"/> Educational/Advising Center | <input type="checkbox"/> Program Alumni: Name _____ |
| <input type="checkbox"/> American Councils Office | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Social Media (Facebook post) |
| <input type="checkbox"/> University Faculty or Staff | <input type="checkbox"/> Newspaper/Advertisement |
| <input type="checkbox"/> Lecture/Presentation | <input type="checkbox"/> Other: Please Specify _____ |

SHORT ESSAYS

This section is an important component of your application. Your responses give the selection committee an opportunity to understand you better as a teacher trainer and as a person, and to appreciate the value of your teaching and training style, ideas, goals, and reasons for applying to the program. This section of the application is the only opportunity you have in this stage of the competition to provide a description of yourself that goes deeper than a simple list highlighting your experience, education, and accomplishments. Thus, we urge you to think through your responses carefully before beginning to write.

English Speaking Nation: Secondary Teacher Training program takes plagiarism very seriously. **Any responses copied/plagiarized from the Internet, publications (books, articles, etc.), or other people's work will disqualify your application.**

I understand that copied/plagiarized information from the Internet, publications (books, articles, etc.), or other people's work will disqualify my application and will result in my exclusion from English Speaking Nation: Secondary Teacher Training program competition.

Initials of Applicant: _____

Answer all the following prompts in at least 500 words per prompt:

- I. Imagine that you have an opportunity to deliver a two-day workshop to teachers of English who work in Secondary schools. There will be 15 participants in this event. Please design the training plan for this event:
- a) your goals and objectives for the training event
 - b) activities you will conducted as part of the training event, including how you will motivate and engaged the training event participants;
 - c) techniques you will use to assess participants' understanding of the training content.

II. What are your long-term goals as a teacher trainer and how will participating in this program bring you closer to accomplishing your goals?

APPLICATION CERTIFICATION STATEMENT

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

I understand that American Councils 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 competition or immediate dismissal from the English Speaking Nation: Secondary Teacher Training program.

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program in Uzbekistan and that I fully commit to them:

- Participation in the two-week Training of Trainers Institute conducted by the Core Teacher Trainers (CTs) through TESOL/GMU support;
- Identifying ten secondary school English teachers at a minimum four different secondary schools in each academic year of the program and establishing a rigorous training and mentorship program for them in order to:
 - Provide a week-long training to the mentees based on the Training of Trainers Institute course materials and action plans that the RPMs would develop together with the CTs that they are paired up with;
 - Work with the mentees to develop at a minimum four lesson plans to pilot-test together;
 - Host the mentees in the RPMs' school for two times where the mentees will first observe and then co-teach with their RPMs;
 - Conduct at a minimum two site visits to the mentees' schools where the RPM will observe the mentees teaching and will also co-teach with the mentees;
- Upon invitation, participation in the TESOL 140-hour Core Certificate Training Program, including 20 hours of mandatory practicum;
- Cooperation with the Core Teacher Trainers in pilot-testing of created training materials with the intention of developing an in-service training course for MoPE;
- Cooperation with TESOL/GMU and my peers, if selected, to present at the TESOL regional conference to be held in Uzbekistan in 2022;
- Serving as a teacher trainer for a minimum of three years after the program ends in October 2022. I understand that if selected:
 - I will be asked to sign a contract with the MoPE ensuring at a minimum three-year commitment.
 - If I do not continue to serve as a teacher trainer for the MoPE I may be asked to pay to the MoPE the amount that was spent for me to participate in the Training of Trainers Institute and if applicable in TESOL Core Certificate Training Program.

Signature of Applicant: _____

Date (mm/dd/yyyy): _____

APPLICATION CHECKLIST

A complete application packet includes:

- A typed Application Form
- Two essays that include detailed answers to all questions
- Certified copies of all diplomas and other degrees/certificates received and their English translations if not in English
- A recent passport size photograph of the applicant
- Completed recommendation form and letter, in English or with an English translation
- Completed institution support form, in English or with an English translation
- A signed copy of the Application Certification Statement

The application packet, including professional recommendation and institution support form, should be received by American Councils via email no later than **January 31, 2020, 5:00 p.m. (Uzbekistan Time)**: esn@americancouncils.org

Please note that duplicate applications submitted both via email and online application system will immediately be disqualified from the competition.

For questions please contact:

esn@americancouncils.org

American Councils for International Education
English Speaking Nation program
12 Shota Rustaveli Street
Grand Business Center, Office #208
Yakkasaroy District
100070 Tashkent, Uzbekistan

Tel: +998 78 150 71 50

RECOMMENDATION FORM

REGIONAL PEER MENTOR-TEACHERS CORPS

This recommendation form must be written by someone who is in a supervisory position and is familiar with the applicant's academic and professional work. **The deadline for submitting this form is January 31, 2020, 5:00 p.m. (Uzbekistan Time).**

_____ is applying to become part of a Regional Peer Mentor-Teachers Corps for the English Speaking Nation: Secondary Teacher Training program sponsored by the Public Affairs Section of the U.S. Embassy in Uzbekistan, implemented by American Councils for International Education. He/she will be responsible in participating in extensive trainings and providing trainings and mentorship to his/her colleagues in a span of three years.

Will you fill out the recommendation in English? (If you choose to use a language other than English, you'll need to include an English translation at the end of this recommendation form.)

- I will fill out the recommendation in English
- I will fill out the recommendation in another language and include an English translation

Contact Information for the Recommender

Name of Recommender: _____

Recommender's Position/Title: _____

Recommender's Work Institution: _____

Recommender's Work Telephone: _____ Email: _____

Professional Qualifications of the Applicant

1. How long and in what capacity have you known the candidate professionally? _____

2. Are you the candidate's immediate supervisor? Yes No

3. Have you observed the candidate teaching in a classroom setting? Yes No

4. Indicate where you think the Applicant ranks among colleagues in the education field.

Excellent **Good** **Average** **Fair** **Poor**

5. In the chart below, please rate the candidate in comparison with other teachers whom you know and/or supervise.

	Below Average	Average	Good	Outstanding	Top 5% of Teachers I Have Observed	I have not observed this
Professional Qualifications						
Intellectual capacity						
Knowledge of English						
Knowledge of language learning methods						
Ability to use technology for teaching purposes						
Potential for Significant Contribution to Field						
Ability to work with colleagues, including those with different views						
Teaching/Training Potential						
Team work including team-teaching						
Work habits						
Personal Traits						
Leadership qualities						
Adaptability / flexibility						
Resourcefulness						
Initiative						
Organization						
Creativity						
Productivity						
Professionalism						
Sense of humour						

6. Please choose one of the following:

I recommend with confidence I recommend with reservation I do not recommend

7. May we contact you regarding this recommendation? Yes No

8. Please type responses to the following questions (250 words maximum per question). Your statement will be given considerable attention by the selection committee that reviews this application. It should be as complete and detailed as possible and should include specific examples.

- a) Please comment on the candidate's teaching and training skills (if applicable), professional competence, relationships with students and colleagues, adaptability to new situations, and potential to train colleagues.

- b) Please comment on any perceived limitations the candidate may have as a teacher or teach trainer.

- c) Please comment on the candidate's past performance and his/her ability to mentor peers.

I hereby confirm that the answers on this form are my own and represent my professional opinion of the applicant.

Signature of Evaluator

Date (mm/dd/yyyy)

TRANSLATION

If you filled out the recommendation in a language other than English, please attach an English translation.

Please submit your recommendation form via email: esn@americancouncils.org

Recommendation Forms not submitted online or via email will not be accepted.

INSTITUTION SUPPORT FORM

REGIONAL PEER MENTOR-TEACHERS CORPS

To be completed by the head of the institution where the candidate works full time:

_____ institution is pleased to participate in the **English Speaking Nation: Secondary Teacher Training** program sponsored by the Public Affairs Section of the U.S. Embassy in Uzbekistan, implemented by American Councils for International Education, in the event the representative of the institution is selected for participation in the program's Core Teacher Trainer Corps.

_____ institution will provide assistance to its representative

throughout the program duration by supporting fully Ms./Mr. _____ in the following program activities to be conducted in Uzbekistan:

- Participation in the two-week Training of Trainers Institute conducted by the Core Teacher Trainers (CTs) through TESOL/GMU support;
- Identifying ten secondary school English teachers at a minimum four different secondary schools in each academic year of the program and establishing a rigorous training and mentorship program for them in order to:
 - Provide a week-long training to the mentees based on the Training of Trainers Institute course materials and action plans;
 - Work with the mentees to develop lesson plans to pilot-test together;
 - Host the mentees in our institution for two times where the mentees will observe and co-teach with this representative;
 - Allow the representative to conduct at a minimum two site visits to each mentees' schools to observe and coteach with the mentees;
- Upon invitation, participation in the TESOL 140-hour Core Certificate Training Program, including 20 hours of mandatory practicum;
- Cooperation with the Core Teacher Trainers in pilot-testing of created training materials with the intention of developing an in-service training course for MoPE;
- Cooperation with TESOL/GMU and his/her peers, if selected, to present at the TESOL regional conference to be held in Uzbekistan in 2022;
- Serving as a teacher trainer for a minimum of three years after the program ends in October 2022 with the understanding that if he/she does not continue to serve as a teacher trainer for the MoPE he/she may be asked to pay to the MoPE the amount that was spent for him/her to participate in the and the Training of Trainers Institute and, if applicable, in the TESOL Core Certificate Training Program.

Ms./Mr. _____ will be granted leave with pay during the times that he/she will attend the program's activities.

We recognize the importance of these program activities in the pursuit of advancement and development of the English Teachers teaching skills in general and teacher training reform process in Uzbekistan and look forward to our participation in the program.

Name of the institution head _____

Signature and Seal _____ Date _____

Institution Name _____

Work Address _____

Work Telephone _____ Fax _____

Email _____