

**Leading Educators Around the Planet (LEAP) presents LINC**

**“LEAP International Networked Community”**

**A peer-shadowing program for experienced educational leaders**

**International Membership Form 2020**

**(For applicants from outside of Australia)**

1. Download this form.
2. Complete this Membership Matching Profile Form for **international applicants** (pp1-4) and return electronically as an attached WORD doc (this Matching Profile will be shared with your Australian partner).
3. Retain a full copy of your application.

**PERSONAL PROFILE**

1. Please indicate your name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate your current position:

* Principal/Head Teacher/Administrator
* Deputy Principal/Vice Principal/Deputy Head
* School Director/Superintendent
* Non-School Based position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate your home location:

* Canada:
  + New Brunswick
  + British Columbia
* England:
* Scotland
* Wales
* USA (Alabama)
* Finland
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL/WORK PROFILE**

Please include brief school information (e.g. enrolment numbers; special programs; special education units; ATSI enrolments); or specific Work Place description if non-school based environment.

**FAMILY PROFILE**

**Home address & email address:**

**Accommodation:** *(bedrooms available; bathrooms available; pets; non-smoking etc.)*

**Accompanying travelers:**

Is your spouse/partner planning to be travelling with you? Yes/No

The conditions for a spouse/partner travelling are:

* This arrangement must be suitable to and agreed to your host
* The spouse/partner is not a part of the LEAP educational program and must be self-reliant during the period of the educational program
* The spouse/partner is welcomed to participate in all aspects of the LEAP social program (some of which will have a cost associated)

**Allergies:**

Do you have any allergies? Yes/No

If "Yes" please give details:

**Special Dietary Requirements:**

**Personal hobbies and interests**

**PHASE 1 PROGRAM COMPONENTS** (when travelling to Australia in June TBA)

* Welcome Luncheon Seminar (Sunday June TBA)
* Billeting and hosting international colleague (June TBA)
* School visitations for international colleague (June TBA)
* Farewell Dinner (Wednesday June TBA)

**PHASE 2 RECIPROCAL PROGRAM COMPONENTS** (when hosting/billeting Australian colleague)

* Welcome event (Sunday 27th September)

* Billeting and hosting by international colleague (Sunday27th September-Wednesday 7th October inclusive)
* School visitations organized by international colleague
* Leadership Seminar (TBA)
* Farewell event (Wednesday 7th October)

**PROGRAM OPTION:** when suitable to both parties hosting may occur in one year and travelling in the following year (rather than both Phases occurring in the same year)

**PAYMENT OF FEE ($250)**

*I hereby apply for Membership of LEAP program for 2020 according to the conditions of the program outlined above. I agree to pay, on arrival in Australia, $250.00/ AUD in cash to cover the costs of Phase 1 of the program.*

**PERSONAL PHOTO**

**Dr** Sue Lazenby (0412960108) and Dr Warren Marks (0412049637)

LEAP Directors

**E-mail:** [Suzanne.Lazenby@gmail.com](mailto:Suzanne.Lazenby@gmail.com) or [warren.f.marks@det.nsw.edu.au](mailto:Warren.Marks@det.nsw.edu.au)

**Postal address**: LEAP, PO Box 71, Hill Top. NSW 2575

LEAP,

P.O. Box 71,

Hill Top,

NSW 2575