

WAPPA Fellowship Professional Learning Awards

WAPPA is committed to the successful development of quality teaching and learning for primary school students through the identification and cultivation of exemplary school leadership. These awards recognize an outstanding commitment to the development of self and others amongst our members.

This program recognises members' working with and through others to build a professional learning community that is focused on continuous improvement of teaching and learning.

The awards distinguish between an individual who simply attends a professional learning event, and a 'lead professional learner' who is engaged in the professional learning process.

The criteria assess the skills developed and the application of professional knowledge at four levels:

- » *Associate Professional Learner*
- » *Advanced Professional Learner*
- » *Master Professional Learner*
- » *Fellow of the Association*

Eligibility

Applicants must be WAPPA members. Minimum membership terms are applicable for each level of recognition. Please refer to the selection criteria for specific details.

Selection Criteria

Applications will be assessed by the selection panel, based on the membership and professional learning criteria for each level of recognition and the evidence provided by the applicant.

All completed professional learning will be considered (including that facilitated by WAPPA as well as other providers).

The applicant's professional reputation must be aligned with the WAPPA Values: Excellence, Integrity, Respect, Empathy, Inclusivity and Inspiration. See the WAPPA website for full definitions. The referee will be asked to verify this.

Professional Learner Recognition

The following table identifies the criteria for each level of 'learner' recognition.

	Associate Professional Learner	Advanced Professional Learner	Master Professional Learner
WAPPA membership requirement	Must be a current WAPPA member and held a membership for the immediate past three years.	Must be a current WAPPA member and held a membership for five years. (including three immediate past)	Must be a current WAPPA member and held a membership for ten years. (including three immediate past)
Minimum professional learning requirement	Minimum 10 days (65 hours) of professional learning*.	Minimum 30 days (195 hours) of professional learning*.	Minimum 50 days (325 hours) of professional learning*.
Preferred application of professional learning	<i>Self and school based application of professional learning.</i>	<i>Regional, network and school application.</i>	<i>Wider application such as inter-region, inter-network, state, national and international.</i>

*Professional learning recorded must relate to primary education. Professional learning which focussed on leadership in and of schools is preferred.

Fellow of the Association

Recognition as a Fellow will be at the discretion of the WAPPA Board of Management. Members are welcome to nominate Fellows to be considered by the board.

Application Process

Each application must include:

- » A completed application cover page (available from the WAPPA website).
- » A log of relevant professional learning undertaken.
- » A WAPPA WORDS article detailing the impact of your recent professional learnings. (500 words max -articles will be published in the WAPPA WORDS magazine)

Applications must be submitted to WAPPA by email (awards@wappa.net.au) by **Friday 21st September 2018**. Applications are collated by the Business Centre staff and presented to the Awards Panel for assessment.

Prizes

- » Associate and Advanced Professional Learners receive a framed certificate.
- » Master Professional Learners receive a framed certificate and pin.
- » Fellows of the Association receive a framed certificate and pin.

Presentation and Acknowledgement

All applicants (successful and unsuccessful) will be invited to attend the Professional Achievement Awards event on Thursday 1st November 2018, where the recipients will be announced. Applicants who are unable to attend the event will be notified of the result by phone and/or email.

The successful applicant(s) will be acknowledged in WAPPA's publications as appropriate.

Recipients are encouraged to cite this recognition award as part of their qualifications.

e.g.	J. Smith (WAPPA ASPL)	<i>Associate Professional Learner</i>
	B. Black (WAPPA APL)	<i>Advanced Professional Learner</i>
	M. Jones (WAPPA MPL)	<i>Master Professional Learner</i>
	T. White (WAPPA Fellow)	<i>WAPPA Fellow</i>

Commitments

The successful applicant will agree to:

- » Share information or personal experience relevant to the learning via a written report (to be published by WAPPA) or a presentation at a WAPPA event.
- » Grant permission for photos of the award presentation to be used by WAPPA for relevant publications, and to publicly promote the award in the media if appropriate.
- » Assist WAPPA in promoting the recognition program where possible.

Application Guidelines

All applicants are encouraged to complete the professional learning log in as much detail as possible.

Submitting the Nomination

All applications must include:

- » An application cover page (Attached)
- » A log of relevant professional learning undertaken
- » A WAPPA WORDs article detailing the impact of your recent professional learnings. (500 words max - articles will be published in the WAPPA WORDS magazine)

Applications are to be submitted via email to grants@wappa.net.au

For further information contact the Director of Professional Learning, Ashley King on 6380 1755 or email aking@wappa.net.au .

Applications must be submitted by 4pm on Friday 21st September 2018.

Fellowship Professional Learning Award

Application Cover Page

Closes 4 pm on Friday 21st September 2018

Applicant

Details of the individual applying for this recognition:

Name: _____

Mobile: _____ Email: _____

Current Position: _____

Current Work Site: _____

Work Address: _____

Phone: _____

Signed: _____ Date: _____

Supporting information and attachments

Please complete one column only

Associate Professional Learner	Advanced Professional Learner	Master Professional Learner
<input type="checkbox"/> Yes, I have held a WAPPA membership for the past three years.	<input type="checkbox"/> Yes, I have held a WAPPA membership for the past five years including the immediate last three years.	<input type="checkbox"/> Yes, I have held a WAPPA membership for ten years including the immediate last three years.
<input type="checkbox"/> Yes, I have completed 10 days (65 hours) of professional learning.	<input type="checkbox"/> Yes, I have completed 30 days (195 hours) of professional learning.	<input type="checkbox"/> Yes, I have completed 50 days (325 hours) of professional learning.
<input type="checkbox"/> Yes, a log of my professional learning is attached.	<input type="checkbox"/> Yes, a log of my professional learning is attached.	<input type="checkbox"/> Yes, a log of my professional learning is attached.

Impact of professional learning

I believe the professional learning I have undertaken has impacted on:

- | | |
|---|--|
| <input type="checkbox"/> My professional self development | <input type="checkbox"/> Groups of staff |
| <input type="checkbox"/> My school and staff | <input type="checkbox"/> Across a group of schools |
| <input type="checkbox"/> My network or collegial group | <input type="checkbox"/> Across several networks |
| <input type="checkbox"/> Region wide | <input type="checkbox"/> State wide |
| <input type="checkbox"/> Nationally | <input type="checkbox"/> Internationally |

Referee (Must be a WAPPA member)

All applications must be signed by a referee:

Referee Name: _____

Current Position: _____

Relationship:
(e.g. colleague) _____

I believe the information in this application to be a true reflection of the applicant.

The applicant's professional behavior is aligned with the WAPPA Values: excellence, integrity, respect, empathy, inclusivity and inspiration.

Mobile: _____ Email: _____

Signed: _____ Date: _____



Professional Learning Log

Name: _____

Date	Professional Learning Activity Description	Course provider (code*)	Your role (code**)	Hours	Statement about Impact/Application/Outcomes	Provider's contact number for verification (include contact name where possible)

*** Course provider code**

- WAPPA
- SB - School
- NW - Network
- RB - Region
- DOE - Department of Education
- OTHER - e.g. Professional Association, external agency/provider

**** Your role**

- P - Participant
- I - Initiator
- O - Organiser
- L - Leadership