

**Diocesan Sponsorship**

Sponsorship is on the basis of:

1/3 **CEB** contribution;   
1/3 **School** contribution and

1/3 **Participant** contribution

***except*** *where Accreditation to teach Religious Education is* *the reason for the study.* In these cases, CEB contributes 2/3 of the cost and the school contributes 1/3.

Sponsorship is for the cost of unit fees and does not include student amenities fees.

**Fully Funded Priority Courses 2024**

* Accreditation to teach RE such as - Graduate Certificate in Teaching Religious Education (CTC and/or YTU) (REAP 2023 - 2024 Cycle)
* Graduate Certificate Catholic Studies (ACU)

**Priority Courses 2024**

* Master of Theology *or* RE (ACU)/Master of Religious Education (ACU)
* Master of Educational Leadership (ACU)
* Master of Instructional Leadership (Melb Uni)
* Support for completion of courses already underway such as Masters in Evidenced Based Teaching

**Requirements:**

**Usually, sponsorship for Masters courses, can only be provided to applicants that have Accreditation to Teach and to Teach Religious Education or Lead in Catholic Schools in Victoria. (CECV)**

Applications close:  **Friday 27 October 2023**

Successful applicants will be informed by:   
**Tuesday 20 November 2023**

# Diocesan Sponsorship for 2024

# Personal Details -

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Surname | | First Name |
| School | | | |
| School Location | | | E Number |
| Your Leadership Role | | | |
| Email Address | | | Phone Number |
| VIT number: | | RE Accreditation Number: | |
| Graduate Teacher: | | 1 Yr 2Yr 3Yr | |
| Are you applying for sponsorship to commence a new course in 2024? | | | Yes/ No |
| Are you confirming continuing enrollment?If so, the Study Rationale does not need to be completed unless your circumstances have changed, warranting a new full application eg change of employment. \* | | | Yes/ No |
| Did you receive Sponsorship in 2023?If yes, please provide evidence of unit/s successful completion. | | | Yes/ No |

\*Applications for **REAP** are approved for the duration of the two-year course, however applicants are required to confirm that they will be continuing their study and have their Principal’s endorsement. To confirm re-enrolment, the applicant should submit this form disregarding the study rationale but citing re-enrolment. Please cite the intended units of study and costs for the second year.

**Course Details -**

|  |  |
| --- | --- |
| Institution: | Course: |

**Units - (name, code. cost) to be undertaken in 2024 (maximum of two):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit One** | | | |
| Name |  | | |
| Code |  | Cost |  |
| **Unit Two** | | | |
| Name |  | | |
| Code |  | Cost |  |

**Study rationale -**

Please provide responses on the following questions to assist the Panel in their decision-making (no more than 500 words total).

* The role you perform
* Perceived outcomes for students/staff in their school
* And any other impacts on Catholic education in the applicant's context

Please attach responses to the application in a word document.

**Please note - ALL the above statements to be completed as requested.**

**Declaration -**

I have read the Policy and Procedures documents: Sponsorship: Higher Education Studies.

1. I understand that:

* I will be making a personal contribution of *one-third* of the cost of the Sponsorship (***unless*** undertaking study to complete my Accreditation to Teach Religious Education or Lead in a Catholic School)
* Sponsorship re-imbursement will not be finalised until evidence of successful unit completion has been provided to CEB by the school Principal.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |

**PRINCIPAL’S ENDORSEMENT**

|  |  |
| --- | --- |
| I endorse this application form: | Yes/ No |
| I agree to make a school contribution of **one-third of the cost** and understand that the participant is also required to contribute one-third of the cost personally, ***unless*** undertaking study for accreditation to teach Religious Education: | Yes/ No |

Principal’s details -

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |
| Principal’s Signature |  | Date |  |
| School and Location |  | | |

Please return via email by **Friday 27 October 2023** to:

Email: [sponsorship@dobcel.catholic.edu.au](mailto:sponsorship@dobcel.catholic.edu.au)

**This form is intended to facilitate the sponsorship process. If you have any questions or concerns, please contact:**

**Dr Susan Crowe - 0419 887 274**