|  |  |  |  |
| --- | --- | --- | --- |
| To (Attn | :: | Ms Cherrie KUNG (Programme Coordinator) Ms Queenie Ip ) | To be returned to CLT7 working days before the module commences |
| **Email** | **:** | **iqsk@vtc.edu.hk** |
| Date | : | / /  |

**Advanced Teaching Programme**

**in Vocational and Professional Education and Training (ATP)**

**Nomination Form**

**Schedule of AY2021/22** (3 intakes will be offered only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module Title** | **Mode of** **Class Contact** | **Intake 1**\* | **Intake 2**\*\* | **Intake 3**\* |
| **Date & Time** | **Date & Time** | **Date & Time** |
| **M1** | Current Learning and Teaching Initiatives in VPET | Face-to-Faceworkshop | 2 Nov 202114:00-17:00 | 10 Feb 20229:30-12:30 | 1 Apr 202214:00-17:00 |
| **M2** | Connecting Knowledge, Skills and Experience with WLA in VPET | Face-to-Faceworkshop | 9 Nov 202114:00-17:00 | 17 Feb 20229:30-12:30 | 8 Apr 202214:00-17:00 |
| **M3** | Facilitating Collaborative Learning with Technology | Face-to-Faceworkshop |
| **M4** | Fostering an Inclusive Classroom | Online workshop | 16 Nov 202115:00-17:00 | 24 Feb 202210:00-12:00 | 22 Apr 202215:00-17:00 |
| **M5** | Facilitating Lifelong Learning | Online Self-paced learning | by 31 May 2022 |

\* Intake 1 and Intake 3 are conducted in Cantonese, supplemented with English materials.

\*\* Intake 2 is conducted in English.

**Nomination**

* 1. The following teaching/instructing staff members are nominated to attend the captioned programme:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | **VTC Email ( @vtc.edu.hk )** | **Tel No.** | **Date Joined VTC** | **M1** | **M2 & M3** | **M4** |
| ***(Sample)******Chan Tai Man*** | ***chantaiman*** | ***2345 6789*** | ***1 Sept 2020*** | ***2 Nov*** | ***9 Nov*** | ***16 Nov*** |
|  |  |  |  |  |  |  |

* 1. For the convenience of communication, please appoint a staff member of your Department/Centre as a coordinator who will help to disseminate further information to the nominees. Please note that a confirmation will be sent via the coordinator.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the coordinator: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  (HoD) |
|  |  |  | Dept/Campus ( ) |