

# REAP SCHOOLS REQUEST FORM

Name of School or Organisation.....	
Proposed programme.....	Priority.....

Is this request (a) a new programme from REAP ?    or
(b) a continuation of a previous programme ?    (please tick)

What other sources have you attempted to use ? .....
What contribution is your school making?
Financial.....Time.....
Materials..... Other Funding Source.....

<b>Programme Description</b>
What do you propose to do ?.....
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.....
Explain how the proposed programme <b>contributes</b> to the following Government priorities:
• Increased number of primary and intermediate students achieving in literacy and numeracy
• Increased proportion of 18-year-olds with NCEA Level 2 or an equivalent qualification
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How will you assess this?

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Who is the proposed tutor/convenor? (name, address, phone)

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Qualifications and experience.....

Number of participants ..... Year Level.....

Number of programme hours .....

Where will the project take place? .....

This request is for

*Allocated*

Terms 1 and 2 20.. or Terms 3 and 4 20..

*(REAP Office Use)*

**Cost to REAP**

Number of days (1 day = 5 hours) .....

Estimated Daily Rate \$.....

Travel \$..... (85c per km)

Programme expenses (itemise) \$.....

**Total Cost to REAP \$..... (GST inc)**

Name of person making this request..... Phone.....

Signature ..... Date ..... Email .....

Please return to [joce@reap.org.nz](mailto:joce@reap.org.nz) or post to  
REAP Schools Coordinator PO Box 1000 Taupo