### Leveraging Productive Failure for Adult Learning

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| *Before filling this application form, please read below about the minimum eligibility criteria:*   * *At least 5 years’ experience in designing, developing, and delivering curriculum, lessons as well as assessment for adult teaching and learning.* * *Currently active in adult learning design, curriculum development, delivery and/or assessment with corresponding qualifications and credentials.* * *Have on-going classes (preferably conducted outside of IAL) where learning interventions can be introduced and trialled for the duration of the project.* * *You would be at an advantage if you actively, explore learning innovation, adapt innovative and learning sciences informed pedagogical practices in your teaching and learning.* |

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| **Section 1: Background Information** | | | | | |
| **Name** *(as in NRIC or Passport)* | Type Here | **Preferred Name**  *(If applicable)* | | Type Here | |
| **Contact Number** | Type Here | | | | |
| **Email Address(es)** | Type Here | | | | |
| **Residential Address** | Type Here | | **Postal Code** | | Type Here |
| **Years of Training Delivery & Courseware Development Experience** | Learning Design Type Here  Development Type Here  Delivery Type Here Type Here  Assessment Type Here Type Here  if long answer please attach a separate sheet. | | | | |
| **Years of Consultancy Experience** | Type Here | | | | |

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| **Section 2: Expertise** *(List down in bullet point form)* | |
| **Areas of Training** | Type Here |
| **Industry Sectors You Have Worked In (minimum 3 years)** | Type Here |
| **Key Pedagogical Approaches, including Learn Tech Tools, used in learning design, development, and delivery** | Type Here |
| **Learner Profile (based on who *usually* attend your courses)** | |
| **Age Range** | Type Here |
| **Intended Learning Outcomes** | Type Here |
| **Self / Employer Sponsored** | Type Here |

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| Section 3: Qualifications | | | |
| **3a. Educational Qualifications**  *List down the most recent and / or the highest qualification attained.* | | | |
| **Name of School/ Institution** | **From** | **To** | **Qualification Attained** |
| Type Here | DD/MM/YYYY | DD/MM/YYYY | Type Here |
| Type Here | DD/MM/YYYY | DD/MM/YYYY | Type Here |
| **3b. Professional Pedagogical Qualifications Related to Learning and Development (L&D) or Training and Adult Education (TAE)**  *List down the most recent and / or the highest qualification attained.* | | | |
| **Name of School/ Institution** | **From** | **To** | **Highest Qualification Attained** |
| Type Here | DD/MM/YYYY | DD/MM/YYYY | Type Here |
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| Section 4: Pedagogical Innovation *and Exploration* |
| Please share an innovative learning project that you were involved in; the role you played; and the outcomes / impact from a pedagogical perspective**.** You may attach a separate paper / case study written on the project, if any, in place of responding to this section.  Type Here |
| Please provide details about the **TWO** courses that you would be using to trial / pilot any learning intervention(s) you may develop through this project. Details could include:   1. Spaces for learning, e.g., classroom, online, workplace and hybrid/blended. 2. Nature and types of learning outcomes. 3. Learner profile / segment, e.g., older workers/learners, career switchers, upgraders. 4. Types of learning contents (e.g., generic skills; hard skills; technical skills); 5. Types of industry where the learning takes place; and 6. Any other info / details deemed pertinent.   Please justify why you propose these two courses for the project. You may attach a separate paper on the proposed course, if any, in place of responding to this section.  Type Here |
| Please convince us why you should be part of the project, explain what you hope to get out of participating in this project and what you would do with the outcomes from this project. Type Here |

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| **Section 5: Membership Status** | | | | | | |
| **Adult Education Network (AEN) & Adult Education Professional (AEP) Status** | | | | | | |
| **Adult Education Network** [**(AEN**](https://www.ial.edu.sg/join-the-community/adult-education-network-aen-membership/overview.html?aid=1)**) Membership Status** | Yes  No | | **Adult Education Professionalisation** [**(AEP)**](https://www.ial.edu.sg/join-the-community/adult-educators--professionalisation-aep-scheme/benefits.html?aid=1) **Status** | Associate Adult Educator  Specialist Adult Educator  Adult Education Fellow | | |
| **Professional Membership** *(Leave blank if not applicable)*  *List down from most recent to oldest membership attained.* | | | | | | |
| **Name of Association/ Organisation** | | **Title of Membership** | | | **From** | **To** |
| Type Here | | Type Here | | | DD/MM/YYYY | DD/MM/YYYY |
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| Type Here | | Type Here | | | DD/MM/YYYY | DD/MM/YYYY |

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| **Section 6: References** *(Provide 2 referees for us to conduct the reference check)* | | | | |
| **1** | **Name** | Type Here | **Job Title** | Type Here |
| **Email Address** | Type Here | **Contact No** | Type Here |
| **Relationship with Referee** | Type Here | **No. of Years Known** | Type Here |
| **2** | **Name** | Type Here | **Job Title** | Type Here |
| **Email Address** | Type Here | **Contact No** | Type Here |
| **Relationship with Referee** | Type Here | **No. of Years Known** | Type Here |

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| **Section 8: Declaration & Signature** |
| Personal Data Protection Act  By signing this form,   1. I confirm that I have read and I agree to the SUSS’ Data Protection Policy (<https://www.suss.edu.sg/docs/default-source/contentdoc/cits/dataprotectionpolicy.pdf>), noting that Section 4.1.3 would similarly apply to applicants engaged under the Contract for Services by SUSS-IAL, for this project. I consent to the collection, use and / or disclosure of my personal data by SUSS-IAL for this job application; and 2. In the event that my application is submitted through any third party I warrant that such third party has been duly authorised by me to disclose my personal data to SUSS-IAL for the job application. |
| Declaration and Signature   1. I declare that all information provided by me in connection with this application is accurate, complete and true. 2. I confirm that I am aware of the commitments required for the Leveraging Productive Failure for Adult Learning project and that I am able to commit the necessary resources and time to deliver on the required outputs for the project. 3. I confirm that I have not committed any offence by a court of law in any country and there is no court proceeding pending against me anywhere in respect of any offence. 4. I understand that any inaccurate, incomplete or false information given, or any omission of information required shall render this application invalid. 5. I hereby authorise IAL to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Type Name Here |  | Insert Signature Here |  | DD/MM/YYYY | | Name of Applicant |  | Signature of Applicant |  | Date | |
| Thank you for your interest in the Leveraging Productive Failure for Adult Learning project at the Institute for Adult Learning (IAL). If you are shortlisted for an interview, we will be in touch with you within 8 weeks with more information.  *\*Kindly remember to attach your CV to your submission.* |