

# The Institute of Specialist Practitioners in Inclusive Education

## Professional Designation: Application Form Master Practitioner



### Application Form Inclusive Education: Master Practitioner

Membership is open to current, paid-up, members of ISPIE. It is our intention to support any member wishing to apply for a designation. We ask that members engage us if any aspect of the application process is prohibitive.

### Section A: Personal Information

*Kindly submit a certified copy of your identity document together with your application.*

<b>Full Name</b>	
<b>Membership Number</b>	
<b>Date of Birth</b>	
<b>Email Address</b>	
<b>Physical Address</b>	
<b>Contact Number</b>	
<b>Identity Number for South African Citizen</b>	
<b>Passport Number for Foreign National</b>	
<b>SACE/HPCSA Registration</b>	

**Section B: Qualifications**

*Please indicate the qualifications that you hold that you believe to be relevant to this application. Please note a minimum of L7/L8 (B.Ed.) in education or allied health profession is required for this designation. Kindly submit certified copies of these certificates and your SACE/HPCSA together with your application.*

<b>Qualification</b>	<b>Institution</b>	<b>Date Awarded</b>	<b>Relevance</b>

**Section C: Experience**

*Please list the experience that you believe to be relevant to this application. A minimum of two years' experience, with a minimum of 20 hours per week in an inclusive education setting is required. Two testimonials should accompany this application to verify relevant experience.*

<b>Position</b>	<b>Institution</b>	<b>Start Date</b>	<b>End Date</b>	<b>Relevance</b>

### Section D: Evidence of Continuous Professional Development

Please list the continuous professional development opportunities relating to education and learners with barriers to learning that you have attended in the past three years. Please provide certified copies.

Title	Duration	Provider	Date

### Section E: Supporting Document Checklist

Documents to be attached to this application (tick what has been submitted)	✓
Certified copies of relevant qualifications	
Certified copy of an identity document (e.g., ID card, passport)	
Police clearance for sexual offenders (i.e.: registration number)	
Certified copies of SACE / HPCSA Registration	
Police Clearance	
Two testimonials from current/past employer or professional colleague / student /parent who can knowledgeably comment on the quality of your mentoring of others, work across an institution or educational phase to support inclusive practice and policies, research, publications, and continuous professional development. Testimonials should be signed, dated and on headed paper and must relate to experience within the last five years at a minimum. The contact details of those providing the testimonials should also be supplied. They may be contacted as part of the ISPIE audit process.	
ISPIE membership number & payment of the <b>non-refundable</b> application fee of R900.00	



**Section F: Declaration**

*By signing this agreement, I confirm that the information that I have provided is accurate and true. I confirm that I have read, understood, and agree to adhere to the ISPIE constitution and the ISPIE code of ethics. I am aware that any breach of these codes may result in a withdrawal of the designation.*

*I am aware that the designation is valid for a period of three years from the date of award, provided my ISPIE membership remains current during that period, and I annually submit proof CPD, sexual clearance registration number, and annual renewal fee of R 300.*

*I understand that the application fee is non-refundable, even if the designation is not awarded.*

**Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_