**Certificate in Teaching in Higher Education 2024CTHE – 27**

Staff Development Centre, University of Colombo, PO Box 1490, Colombo (Phone: 011 2594899)

**Application Form** with short C.V. and Institutional Certification

**(It is proposed to commence the above course from March 2023, for permanent academic staff of universities. Please fill and return this 2-page Application Form and the questionnaire, before 22nd December 2023 \*\*, to the Staff Development Centre, University of Colombo, P.O. Box 1490, Colombo, or via email to** **admin@sdc.cmb.ac.lk****. Acceptance to the course (or further queries of your application) will be e-mailed to the e-mail address given by you below, by January 19th, 2024.**

\*\* PLEASE NOTE:Though applications are entertained up to **22nd December 2023** (for 2 parallel batches) , acceptance of qualified applicants will be on a first-come-first-served basis and therefore submission of an application does not guarantee acceptance to the course.

I wish to make a formal application to follow the above course which will run from March to December 2024.

My personal details are as follows;

**Name** in Full: …………………………………………………………………………………………………………………………………………………….

 (Underline last/surname)

Name with initials: …………………………………………………………………………………………………………………………

Postal Address: .......................................................................................................................................................................

 (Please note: correspondence will be to your university address, and not to a private address)

e-mail: ………………………………………………… Fax No.: ………………………………………… Tele. No.: ……………………………………………

 (an official e-mail address is required for the course)

Date of Birth: ……………………………………………….Age at 31.12.2023:…………………………………………………………

Please underline: Male/ Female Married / Unmarried

Workshop Day preferred: Monday/Friday/Either (SDC will try, but cannot guarantee that you will be given the preferred day)

Name(s) of your close family members (*e.g.* spouse, sibling/s) who have applied for this ‘CTHE 27’ (2024 course), if any: …………………………………………………………………………...

**Your Academic qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Class obtained | Year awarded | Awarding University |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**About your current University Occupation:**

University: ……………………………………………………………………………… Department:……………………………………………………………

Present designation: ………………………………………………………………………… From (date) ……………………………………

First appointed designation: ……………………………………………………………. First appointed date: ……………………………

**Your Duties and Responsibilities at University:** (PG = Postgraduate)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Degree name | Course taught (in degree) | Year taught (mark X) | # of hours per year | # of students in course / class |
| 1 | 2 | 3 | 4 | PG |
| Lectures |  |  |  |  |  |  |  |  |  |
| Practical/s |  |  |  |  |  |  |  |  |  |
| Tutorials |  |  |  |  |  |  |  |  |  |
| Examination Work |  |  |  |  |  |  |  |  |  |
| Other duties |  |  |  |  |  |  |  |  |  |

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I understand from this Personal Declaration that;

1. I have received the calendar of dates and have reserved these for CTHE workshops.
2. The course is run on **weekdays** from 9 am to 4 pm and is conducted in English. To pass the course, my Portfolio has to be submitted and the course has to be completed within 2 years of the first course-workshop.
3. I should have a minimum of **80% attended participation** to qualify for award of the Certificate.
4. Since the workshops would be conducted either in-person (physically) or online based on the prevailing circumstances, I am able to attend the course workshops by both methods. I understand that the course tutor/s will decide whether a particular workshop would be conducted in-person or online.
5. I have to devote at least **6 hrs/week** on my own, over the course duration, for self-study
6. I have to devote **more time** for self-study in the last 5 months of the course, when my Portfolio is being prepared and finalized.
7. I shall be involved in some **teaching,** student **assessment** and basic university **administrative** work during the course duration, which will form the basis of my practical work for this course.
8. I agree to attend a selection interview, if required. I understand that the course fee is non-refundable, that I will be struck off from the course if I do not attend my designated first workshop (to be held on Monday March 11th or Friday March 15th, 2024) without a right to fee refund.
9. *Please fill:*The course fee of Rs…………………………………………has to be paid before course commencement.
10. I have completed the attached questionnaire on my own and it is attached to this application.

 **I am / am not\* a** permanent **staff member** (\* strike off inappropriate word/s)

***I wish to enroll for this CTHE course because*** (give one reason) ……………………...................................…

….……………………………………………………………………………………………………………………………………………………………………

………………………… ……………………………………….

Date Signature of Applicant

I recommend the above application. I have **read** A to G, above, and agree to **provide** the necessary facilities for the applicant to complete this course, including leave on the workshop dates. Payment of the relevant **course fee**, as below, is also **approved** in the event that the applicant is accepted as a course participant.

(Please draw cheques to **‘University of Colombo’**)

|  |
| --- |
| Course fee per person (MoHE=Ministry of Higher Education) |
| for staff from University of Colombo (UoC) (first time registrants) | for staff from Colombo University (to re-enroll after two years since first registration) | for staff from institutions of UoC and other universities, HEIs coming under **UGC** and MoHE | for staff from other state universities, HEIs coming under ***other*** ministries | for staff from private universities (*e.g.* established under Companies Act) |
| none | Rs. 45,000/= | Rs. 45,000/= | Rs. 50,000/= | Rs. 115,000/= |

………………………… ……………………………………………………………………….

Date Head of Department (Signature & official seal)

………………………… ……………………………………………………………………….

Date Dean (Signature & official seal)

……………………… …………………………………………………………………………..

Date Vice-Chancellor (Signature & office seal)

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Only for office use:………………………...

**Questionnaire to be submitted with the CTHE Application Form**

The purpose of this questionnaire is to identify your development requirements as a prospective CTHE course participant.

Please write your answers in the appropriate boxes as frankly as you can.

 Note that there are no universally right or wrong answers for these questions.

You can type into the boxes or handwrite

1. What do you think your undergraduates **expect** from university education?

2. What is the most important **learning** that you expect your students to gain from **your teaching**?

3. What would you like to be **changed** in graduates’ development through the **higher education** they receive in Sri Lankan universities?

4. What are the **attitudes / values** that you would like to see developed in your students while in the university?

5. What is the **most important difference** you like to see between the first year and the final year undergraduates of your university?

6. What do you think is the **objective(s)** in conducting the following **examinations** in the university?

1. continuous assessments:

2. year/ semester-end examinations:

Thank you

Please submit this completed questionnaire along with your CTHE application

Staff Development Centre, University of Colombo