

**NATIONAL ARTS COUNCIL – ARTS EDUCATION PROGRAMME (NAC-AEP) 2026-2028**

**Potential Instructor(s) List and School Engagement Plan**

Please fill up Section A and B of this form.

**Section A: Potential Instructor(s) List**

* List up to 5 key instructors that you intend to bring on board to conduct the programme proposed for NAC-AEP 2026-2028, if your programme is approved.
* Please ensure that instructor(s) listed is/are agreeable to conduct the programme and is aware of the submission of their information. This form should be uploaded as part of your NAC-AEP 2026-2028 Application and not submitted in any other way.

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| **A) Programme Details** |
| 1 | **Programme Name:**  |
| 2 | **Programme Provider:** |
| **B) Potential Instructors**  |
| 1 | **Name:** **Email:** **Highest level attained for Art Form: [**Choose an item.**]****Highest level attained for Pedagogy training: [Certificate]****Teaching experience (where applicable):** Total no. of years: [Click or tap here to enter text.]Years of Teaching experience in Mainstream/MOE schools: [Click or tap here to enter text.]Year of Teaching experience in local pre-schools: [Click or tap here to enter text.]Years of Teaching experience in other schools: [Click or tap here to enter text.]**Industry experience:**No. of years: [ Click or tap here to enter text.] |
| ***You may list up to 4 additional instructors*** |
| 2 | **Name:** **Email:** **Highest level attained for Art Form: [**Choose an item.**]****Highest level attained for Pedagogy training: [Certificate]****Teaching experience (where applicable):** Total no. of years: [Click or tap here to enter text.]Years of Teaching experience in Mainstream/MOE schools: [Click or tap here to enter text.]Year of Teaching experience in local pre-schools: [Click or tap here to enter text.]Years of Teaching experience in other schools: [Click or tap here to enter text.]**Industry experience:**No. of years: [ Click or tap here to enter text.] |
| 3 | **Name:** **Email:** **Highest level attained for Art Form: [**Choose an item.**]****Highest level attained for Pedagogy training: [Certificate]****Teaching experience (where applicable):** Total no. of years: [Click or tap here to enter text.]Years of Teaching experience in Mainstream/MOE schools: [Click or tap here to enter text.]Year of Teaching experience in local pre-schools: [Click or tap here to enter text.]Years of Teaching experience in other schools: [Click or tap here to enter text.]**Industry experience:**No. of years: [ Click or tap here to enter text.] |
| 4 | **Name:** **Email:** **Highest level attained for Art Form: [**Choose an item.**]****Highest level attained for Pedagogy training: [Certificate]****Teaching experience (where applicable):** Total no. of years: [Click or tap here to enter text.]Years of Teaching experience in Mainstream/MOE schools: [Click or tap here to enter text.]Year of Teaching experience in local pre-schools: [Click or tap here to enter text.]Years of Teaching experience in other schools: [Click or tap here to enter text.]**Industry experience:**No. of years: [ Click or tap here to enter text.] |
| 5 | **Name:** **Email:** **Highest level attained for Art Form: [**Choose an item.**]****Highest level attained for Pedagogy training: [Certificate]****Teaching experience (where applicable):** Total no. of years: [Click or tap here to enter text.]Years of Teaching experience in Mainstream/MOE schools: [Click or tap here to enter text.]Year of Teaching experience in local pre-schools: [Click or tap here to enter text.]Years of Teaching experience in other schools: [Click or tap here to enter text.]**Industry experience:**No. of years: [ Click or tap here to enter text.] |
| **Declaration**  |
| [ ]  I acknowledge that the information indicated above is accurate to the best of my knowledge.[ ]  I acknowledge that the instructors proposed are aware of and have agreed to this submission.

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| **Instructor List Submitted by:** | **Name/Designation** | **Date** |
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**Section B: School Engagement Plan**

Beyond NAC’s outreach efforts with MOE and schools, programme providers are encouraged to actively engage schools to raise awareness of their programmes and/or to share more information about their mission and art form. Providers are required to provide more information to NAC as part of this application.

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| Provide a description of your school engagement plans below. Provider should demonstrate active engagement of schools on their programmes. |
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**Please save this form as a pdf and upload in the following format:**

***Programmeprovider\_programmetitle.pdf***

***(max 50 characters)***