



MASHAV - Israel's Agency for International Development Cooperation

invite professionals
to participate in the



Israel's Agency for International
Development Cooperation
Ministry of Foreign Affairs

International Course:

“Early Childhood Education for Children with Special Needs”

November 20 – December 07, 2017



**The Golda Meir Mashav "Carmel"
International Training Center
(MCTC)**



Past participants

About the Course

Background

Ways to help close gaps and achieve greater equality in education are being sought worldwide. Educational facilities are increasingly offering a range of services that include special education within the general framework. Integration of children with special needs into the general education environment is known to reduce social stigmas and increase academic achievements for many children with special needs.

In this course, we refer specifically to children under the age of 6 with special needs. We discuss the different frameworks available and what is most appropriate for the child: integration and inclusion in regular kindergartens or attention to special education. The issue of integration and inclusion in regular educational frameworks is debated in all countries, as much because of its advantages as because of its disadvantages.

The Israeli population consists of families from many different countries whose cultural norms and values regarding childcare are varied. To answer the pluralism that exists in Israel, a wide range of programs and projects have been created that provide valuable material for analysis and comparison for children with special needs. Israel encourages and supports ongoing research in education for children with special needs and has created a range of services to answer these children's needs.

In this intensive 3 week workshop, participants experience multi-purpose programs, learn about different educational frameworks and visit different programs and projects aimed at supporting children with special needs and their families.

Participants will learn about techniques and skills used in educational facilities for children with special needs including cognitive, physical, emotional and developmental needs. Participants will also see the situation from different angles so they can create opportunities to improve the situation in their own settings and create an inclusive learning environment for all children, including those with special needs.

OBJECTIVES AND PROGRAM OF STUDIES

Through introductory lectures, professional study visits, observations, workshops, and discussions of applicability to local realities, participants will have:

- Discussed who is a child with special needs, the educator's role in detection and care of children with special needs and the dilemmas and challenges that are presented within educational frameworks for children with special needs
- Been introduced to special education and services provided to children with special needs
- Analyzed the role of the educator in the process of prevention, detection and treatment
- Participated in an exchange between professionals worldwide and in Israel on the issue of children under 6 who have special needs.
- Gained awareness of the interaction between teachers, principals, supervisors, paraprofessionals, parents and children within frameworks of special education
- Acquired new experiences and knowledge of organizational and methodological approaches in educational frameworks for children with special needs
- Been introduced to available resources for teachers in special education
- Visited and observed a variety of kindergartens, primary schools, pre-service and in-service teacher training facilities for children with special needs
- Discussed support systems for teachers
- Discussed supervising, monitoring and evaluating educational programs and training programs for children with special needs

- Been provided with material that leads to reflection on topics such as diversity, differences, inclusion and exclusion
- Written and presented a project proposal to be implemented in their own settings

Application

Application Requirements

This training is open to men and women in the field of education, psychology, social work and therapy, working in the ministries of education, teacher training colleges, non-governmental organizations and educational facilities, with at least 3 years of experience. Professionals should have knowledge and experience in the field of special education for children with special needs. A full command of English is required.

Application forms

Application forms and other information may be obtained at the nearest Israeli mission or at MASHAV's website: <http://mashav.mfa.gov.il/MFA/mashav/Courses/Pages/default.aspx>.

Completed application forms, including the medical form, should be sent to the relevant Israeli mission in the respective country, no later than September 1, 2017.

One additional copy of the application must be sent to:

Ms. Rosa Franco at MCTC: rosa@mctc.org.il

General Information

Arrival and Departure

Arrival date:	19.11
Opening date:	20.11
Closing date:	07.12
Departure date:	08.12

Participants must arrive at the training center on the arrival date, and leave on the departure date. Early arrivals/late departures if required, must be arranged by the participants themselves, directly with the center, and must be paid for by the participant him/herself.

Location and Accommodation

MASHAV awards a limited number of scholarships. The scholarship covers the cost of the training program including lectures and field visits, full board accommodation in double rooms (two participants per room), health insurance (see below) and transfers to and from the airport. Airfares and daily allowance are not included in the scholarship.

Health Services

Medical insurance covers medical services and hospitalization in case of emergency. It does not cover the treatment of chronic or serious diseases, specific medications taken by the participant on a regular basis, dental care and eyeglasses. Health authorities recommend that visitors to Israel make sure they have been inoculated against tetanus in the last ten years. Subject to the full binding policy conditions. Participants are responsible for all other expenses.

The course will be held at The Golda Meir Mashav "Carmel" International Training Center, situated in Haifa. Participants will be accommodated at MCTC in double rooms (two participants per room).

About MASHAV

MASHAV – Israel’s Agency for International Development Cooperation is dedicated to providing developing countries with the best of Israel’s experience in development and planning. As a member of the family of nations, The State of Israel is committed to fulfilling its responsibility to contribute to the fight against poverty and to the global efforts to achieve sustainable development. MASHAV, representing Israel and its people, focuses its efforts on capacity building, sharing relevant expertise accumulated during Israel's own development experience to empower governments, communities and individuals to improve their own lives.

MASHAV’s approach is to ensure social, economic and environmental sustainable development, and is taking active part in the international community’s process of shaping the Post-2015 Agenda, to define the new set of the global Sustainable Development Goals (SDGs).

MASHAV’s activities focus primarily on areas in which Israel has a competitive advantage, including agriculture and rural development; water resources management; entrepreneurship and innovation; community development; medicine and public health, empowerment of women and education. Professional programs are based on a “train the trainers” approach to institutional and human capacity building, and are conducted both in Israel and abroad. Project development is supported by the seconding of short and long-term experts, as well as on-site interventions. Since its establishment, MASHAV has promoted the centrality of human resource enrichment and institutional capacity building in the development process – an approach which has attained global consensus.

www.mashav.mfa.gov.il

www.facebook.com/MASHAVisrael

ABOUT The Golda Meir Mashav "Carmel" International Training Center

The Golda Meir Mashav “Carmel” International Training Center (MCTC) was founded by Golda Meir in Haifa in 1961. MCTC was the first of its kind in the domain of women’s empowerment and since its inception has had a profound influence on both individuals and the policy arena. MCTC endeavors to provide professional women and men from developing countries and transitional societies with the necessary tools for women’s empowerment. It aims to enable women to contribute to the socio-economic development processes of their communities and consequently advance their status. To this end, MCTC conducts training activities, both in Israel and overseas, to advance women’s participation in public life.

To date, over the 54 years of MCTC’s existence, almost 23,000 women and men from over 140 countries have benefited from hundreds of training activities. Today, many of them hold key positions at the local or national level, or within United Nations development agencies.

For further information, please contact:

The Golda Meir Mashav “Carmel” International Training Center (MCTC)

12 David Pinsky street, POB 6111, Haifa 31060, Israel

Tel: +972-4-8375904

Fax: +972-4-8375913

Email: rosa@mctc.org.il

Website: www.mctc.org.il



MASHAV
Israel's Agency for International Development Cooperation
Ministry of Foreign Affairs
Jerusalem

Dear Applicant,

Thank you for applying for a professional training program in Israel. In order for us to consider your application, please complete the enclosed form and return it to the nearest Israeli representative (embassy or other).

Please make sure that all the required information has been provided in detail. Please type your answers. This will facilitate the application process and enable us to make our decision in as short a time as possible.

Only candidates who are accepted will be notified by the Israeli representative.
 Thank you for your cooperation.

ESSENTIAL:

This application form must be **TYPED IN THE LANGUAGE OF THE PROGRAM**, and **accompanied by the following:**

- Completed and approved medical certificate form (attached).
- Certificate of language proficiency (If the language of the program is not your mother tongue or the official language of your country).
- Photocopy of the relevant highest academic degree obtained translated to the language of the program.
- A passport photo.
- Two letters of recommendation from present employers or relevant affiliation.
- These forms should reach the nearest Israeli representative at least ten weeks prior to the opening of the program.

FOR OFFICIAL USE ONLY

שגרירות/ נציגות ישראל במדינת _____ תאריך קבלת השאלון _____
 ראינתי את המועמד/ת שם פרטי _____ שם משפחה _____ אישית/טלפוני
 הערכת המועמד/ת והתאמה לקורס: _____

שם _____ תפקיד _____ חתימה _____ חותמת השגרירות _____

- נא לשלוח עותק אחד במייל למש"ב ובמקביל לשלוח עותק במייל לשלוחה הרלוונטית. עותק קשיח יישאר בנציגות.
- שאלונים שלא ימולאו במלואם כולל חלק זה בעברית לא יטופלו.

**Passport
Photo**

1. General
 Name of the training program _____

Name of training institution in Israel _____

Dates: _____ Language of the course _____

Financial arrangements:
Flight ticket will be paid by _____

Tuition and accommodation will be covered by _____
2. Personal Data

Surname _____ Given Names _____

Country _____ Citizenship _____

Religion _____ Passport No. _____

 Date of Birth _____ Gender: Male / Female

 Home address _____

Telephone (country code _____) (area code _____) Number _____

Cell phone (country code _____) (area code _____) Number _____

Fax _____ e-mail _____

3. Education

	Institute	Location	Year	Field of Expertise	Degree
Higher Education					
Academic Degrees: First					
Second					
Third					

4. Other studies / courses / seminars relevant to the program (Last 10 years)

Subject of course	Country	Organized by	Duration of studies	Year

5. Previous Studies in Israel

Subject of course	Year	Training Institute

Name of applicant _____

6. Computer Proficiency

No _____ Yes _____

If yes, please specify (Word, Excel, etc.) _____

7. Knowledge of languages

Mother Tongue _____

Language of the program	Reading			Speaking			Writing		
	Fair	Good	V. Good	Fair	Good	V. Good	Fair	Good	V. Good

8. Employment

Full Name of Institution _____

Type of Institution: Government / NGO / Private / Other _____

Address _____

Telephone _____ Fax: _____ e-mail _____

Present Position and description of your responsibilities _____

_____**9. Former places of Employment**

Name of Institution	Dates From-To	Position held

Name of applicant _____

10. References: Please list two people who are acquainted with your professional qualifications

Reference 1

Name	Position
Telephone number	Cell phone number
Country code area code number	Country code area code number
Fax number	e-mail address
Country code area code number	

Reference 2

Name	Position
Telephone Number	Cell phone Number
Country code area code Number	Country code area code Number
Fax Number	e-mail address
Country code area code Number	

DECLARATION

TRAINING PROGRAM _____ Date _____

I, the undersigned, Mr./Mrs./Miss _____ of (country) _____
in submitting my application for study and/or training in Israel as described earlier, declare as follows:

- (A) I UNDERSTAND that it is the intention of the government of Israel to enable me, if I should be found suitable, to participate in a period of study and/or training in Israel as part of the cooperation between the Government of Israel and my country.
- (B) I AM FULLY AWARE that the training opportunity given to me is designed for the benefit of my country's development. I, therefore, pledge to participate fully in all studies offered and to comply with all regulations established by the professional institution hosting the training program.
- (C) I CLEARLY UNDERSTAND that the purpose of my visit to Israel is to study and/or train. Therefore I will refrain during my stay in Israel from engaging in any political activity and/or gainful employment.
- (D) I AM FULLY AWARE that my stay in Israel may be discontinued if I should commit any infraction of my undertaking in this declaration, and/or of the Israel civil or criminal law, and/or break the rules and regulations of the school or institute where I will be studying and/or training.
- (E) I UNDERTAKE to return to my country upon the completion of my studies, as stipulated by the Government of Israel and the supervisors of my training program.
- (F) I UNDERSTAND that the Government of Israel cannot in any way be held responsible for the material needs of my family during my stay in Israel, nor for my employment upon my return to my country.
- (G) I AM FULLY AWARE that the legal, financial, and moral responsibility of the Government of Israel ends with the conclusion of the training program.
- (H) I AM - to the best of my knowledge - of healthy body and mind and do not require any medical treatment or attention.
- (I) I UNDERTAKE to submit to a further medical examination before or during my studies when required to do so by the Government of Israel.
- (J) I AM FULLY AWARE that the institute does not bear any responsibility whatsoever for my money, valuables, documents etc. Similarly, the institute bears no responsibility whatsoever for loss of money, valuables, documents, etc.
- (K) (FOR WOMEN) I AM NOT - to the best of my knowledge - pregnant, and I understand that I am liable to be sent home in case of pregnancy.
- (L) I UNDERSTAND that the organizers do not accept any responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (M) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.
- (N) I HEREBY CERTIFY that all information and documents presented are correct and truthful.
- (O) I AM FULLY AWARE that it is my responsibility to obtain the name and location of the Israeli institute to which I am going, its address and how to arrive there.

(P) I UNDERSTAND that all the financial arrangements have been finalized with the Israeli Representative before my arrival in Israel.

(Q) I FULLY UNDERSTAND that, unless stated otherwise, the insurance policy under which I shall be insured by the Israeli institute covers me only during the period of the course/program within the area of the State of Israel.

I confirm hereby my full agreement to these conditions.

Name and surname of applicant _____

Signature of applicant _____

Date _____ **Place** _____

Please write a short paragraph describing your expectations from the training program including the direct contribution of the program to your field of work, as well as future plans after completion of the program.

Please write a very short autobiography

Declaration of State of Health

This form is designed for men and women alike.
Please fill out this form accurately and completely.



First name: Last name:
Passport no. Date of birth:

Please answer the following questions by marking the appropriate box.

A Health Statement		yes	no
Have you been referred during the last two years for medical and/or diagnostic tests that have not yet been completed and regarding which no final diagnosis has been made , involving any of the following procedures: catheterization, scanning, echocardiography, MRI, CT, ultrasound (other than as part of routine prenatal monitoring), biopsy, occult blood, colonoscopy, gastroscopy, blood tests, urine tests?			
Have you been diagnosed with a disease, condition, or disorder associated with one or more of the following:			
Nervous system (neurology) and brain: nervous system, CVA (cerebrovascular accident), multiple sclerosis, muscular dystrophy			
Renal failure			
Respiratory system: COPD (chronic obstructive pulmonary disease), cystic fibrosis			
Malignant disease or tumor (cancer)			
Disease of the immune system: Lupus			
Heart disease			
Sexually-transmitted disease (including AIDS and/or HIV carrier)			
Infectious diseases:			
Tuberculosis <input type="checkbox"/> yes <input type="checkbox"/> no			
Hepatitis B virus <input type="checkbox"/> yes <input type="checkbox"/> no			
Hepatitis C virus <input type="checkbox"/> yes <input type="checkbox"/> no			
Have you been diagnosed as suffering a mental disease			
For women only - Are you pregnant			
Signature of Applicant:		Date:	

B Declaration of the Insurance Applicant	
<p>1. The information included in this document is essential in order to insure you under the policies and for all other matters related to policies and their handling. The Company and other companies in the Harel Group (Harel Insurance Investments and Financial Services Ltd. and its subsidiaries) and/or anyone on their behalf will use it, including processing, storing, and using it for any matter related to the policies and other legitimate purposes, including the provision of the information to third parties acting on behalf of and in the name of the Harel Group.</p> <p>2. I/we hereby declare that all the answers are correct and full and have been provided of my/our own free will.</p> <p>3. The answers specified in the Health Declaration and any other information provided to the company, as well as the accepted terms of the company regarding this matter shall serve as fundamental terms of the insurance contract between you and the company and shall constitute an integral part therefore.</p> <p>4. The company is permitted to decide whether to accept or deny your application. For your information, the insurance contract will become effective only after the company issues written confirmation of acceptance of all the applicants for insurance.</p> <p>5. Waiver of medical confidentiality: I, the undersigned, hereby give permission to the HMO (kupat holim) and/or its medical institutions and/or the all other physicians and psychiatrists, medical institutions and hospitals, and/or any other insurance company and/or any institution and other party, insofar as necessary in order to examine the rights and obligations according to the policy and/or for the purpose of the procedure of examining of my acceptance for the insurance requested, to provide Harel with all the information and details held by the company, without exception, in the form requested by the Requester/s, regarding my health condition, including any disease that I suffered from in the past and/or that I suffer now and/or that I will suffer in the future, and I relieve you from the duty of maintaining medical confidentiality and waive confidentiality in favor of the "Requester". This waiver is binding of my/our estate and my legal representatives and anyone substituting for me.</p>	
Signature of Applicant: 	
Date:	