



**FURTHER UNDERGRADUATE AND POSTGRADUATE STUDY APPLICATION FORM
(MAINTENANCE OF ACCREDITATION AT PROFESSIONAL COMPETENCE)**

Teacher's Name: _____

Teacher's Accreditation Number: _____

Teacher Accreditation Authority: _____
(or delegate)

School: _____

SECTION 1 – STUDY DETAILS (TITLE, INSTITUTION AND DURATION OF STUDY)

I _____ apply to undertake
(insert name of teacher)

undergraduate / postgraduate studies for the purpose of maintaining my accreditation
(cross out whichever does not apply)

at Professional Competence.

I intend to undertake the following study:

I will study at the following Institution:

Duration of program or subject: _____
(Number of weeks or months or years)

Commencement date: _____ Completion date: _____

Please attach the program outline for the qualification or unit.

This form should be completed by the teacher and signed by the teacher and Teacher Accreditation Authority or delegate.

PLEASE FORWARD COMPLETED APPLICATION TO:

**THE NSW INSTITUTE OF TEACHERS
GPO BOX A976
SYDNEY SOUTH NSW 1235**

OR FAX 02 92686313

OR EMAIL contactus@nswteachers.nsw.edu.au

SECTION 2 – RELEVANCE TO THE PROFESSIONAL TEACHING STANDARDS, RELEVANCE TO THE AREAS OF TEACHING OR FUTURE AREAS OF TEACHING IF RETRAINING

PLEASE OUTLINE HOW THE UNDERGRADUATE STUDY OR POSTGRADUATE STUDY IS RELEVANT TO YOUR AREAS OF TEACHING OR FUTURE AREAS OF TEACHING

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PLEASE IDENTIFY THE STANDARDS YOU BELIEVE THE COURSE SUPPORTS AND INDICATE HOW THE COURSE ADDRESSES THE STANDARDS.

PLEASE ATTACH THE PROGRAM OUTLINE TO THIS APPLICATION. THE PROGRAM OUTLINE SHOULD REFLECT THE STANDARD/S YOU IDENTIFY BELOW.

STANDARDS ADDRESSED	EXPLANATION (How the Standard is addressed by your study)

SECTION 3 – TEACHER AND TEACHER ACCREDITATION AUTHORITY DECLARATION

The signature of the Teacher

I _____
(insert name of teacher)

attest that the information I have provided in this application is true and accurate.

I will provide the Institute of Teachers with certified copies of:

- i) proof of enrolment and
- ii) proof of completion of study or units of study as these become available.

Teacher's name: _____
(please print)

Teacher's signature: _____

Date: _____

The signature of the Teacher Accreditation Authority or their delegate

I am aware that _____ is
(teacher's name)

undertaking the study.

Name of Teacher Accreditation Authority: _____
or their delegate (please print)

If delegate, please indicate position held: _____

Signature: _____

Date: _____