

FORM A

Additional copies of this 8 page form are available for download as a PDF document from the Institute's website at

www.nswteachers.nsw.edu.au

NSW INSTITUTE OF TEACHERS

Application for Accreditation for New Scheme Teachers

For teachers employed to teach for the first time in NSW after 30 September 2004 (including teachers from interstate and overseas).



Teacher Accreditation Authority:

School:

1. Personal Details

PLEASE PRINT CLEARLY USING CAPITAL LETTERS

Title: Mr Mrs Ms Miss Dr Other Male Female

Surname/Family name

Previous surname/s
Please list all *

Given names

Preferred name



*Attach certified copies of documentary evidence of all names and name changes: eg marriage certificate, decree nisi, passport or statutory declaration of name change.

Residential address

Postcode:

Postal address
If different to residential

Postcode:

Contact numbers

Work:

Home:

Fax:

Mobile:

Email:

Date of birth

Day:

Month:

Year:

Place of birth

Town:

State:

Country:



Attach a certified copy of your FULL Birth Certificate (not an extract) OR Passport (current) OR your Citizenship Certificate showing date and place of birth.

Languages

Do you speak a language other than English at home? Yes No

If YES, please specify:

Are you of Aboriginal or Torres Strait Islander origin? (Persons of both Aboriginal and Torres Strait Islander origin should mark BOTH boxes)

No

Aboriginal

Torres Strait Islander

ATTACH A
PASSPORT
SIZE
PHOTO
HERE

For office use only

Authorising Officer:

Date:

Proof of name and date of birth:

YES

NO

Proof of change of name:

YES

NO

Proof of Passport or Citizenship:

YES

NO



IF YOUR APPLICATION RELATES TO PERMANENT EMPLOYMENT IN A SCHOOL — GO TO SECTION 2

IF IT RELATES TO CASUAL EMPLOYMENT IN A SCHOOL, SCHOOLS, SYSTEM OR SYSTEMS — GO TO SECTION 3

2. Expected appointment in NSW

Offer of employment

Have you been offered employment in a school? Yes No

Name of school

Address

Postcode:

School sector
Tick ONE

DET

Catholic

Independent

REGION (if in DET school):

DIOCESE (if in Catholic school):

OTHER (if in Independent System):



Attach a certified copy of your offer of employment.



NOW GO TO SECTION 4

3. Approval to teach as a Casual Teacher

Proposed Teacher Accreditation Authority

Address

Postcode:

Phone:

Fax:

Email:



NOW GO TO SECTION 4

4. Qualifications

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4A. Academic qualifications: Indicate all your academic qualifications eg Bachelor of Science, Bachelor of Education, Graduate Diploma of Education, Master of Arts etc.

Qualifications sighted:

YES NO

Institution/s	Qualification/s	Teaching Methods or Major/s	Year Commenced	Year Completed



Attach certified evidence of qualifications, including official academic records.

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4B. Other qualifications: Indicate any other qualifications eg Trade Certificate or other Vocational Certificate.

Qualifications sighted:

YES NO

Institution/s	Qualification/s	State and Country	Year Commenced	Year Completed



Attach certified evidence of qualifications, including official academic records.

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4C. Incomplete Tertiary qualifications: Indicate if you have undertaken, or are currently undertaking, any other tertiary studies.

Academic record sighted:

YES NO

Institution/s	Course	Teaching Method or Major/s	Last year of study	Currently enrolled?



Attach certified evidence of qualifications, including official academic records.

5. Employment history (If applicable)

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Proof of teaching experience:

YES NO

5A. Permanent Full or Part-Time teaching.

Position	School/Institution or employing authority	State and Country	Full-time or fraction per week	Date from	Date to



Attach certified copies of official statements of teaching service issued by your employer/s, **OR** references from your previous principal/s confirming your teaching experience.

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Proof of teaching experience:

YES NO

5B. Casual or Temporary Teaching.

Year	School/institution or employing authority	State and Country	Number of days



Attach certified copies of official statements of teaching service issued by your employer/s, **OR** references from your previous principal/s confirming your teaching experience.

5C. Other Employment: Complete the following table if applicable. Include non-school-based teaching service positions.

For office use only
Evidence supplied: YES <input type="checkbox"/> NO <input type="checkbox"/>

Position	Name of employer	State and Country	Full-time or fraction per week	Date from	Date to



Attach certified copies of official statements of employment issued by your employer/s.

6. English language requirement

6.1 Is English your first language? Yes No

6.2 If NO, did you study for your qualification in English in a country where English is an official language? Yes No

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Assessment supplied: YES <input type="checkbox"/> NO <input type="checkbox"/>

▶ If your answer to 6.2 is NO, please answer the following question:

6.3 Have you undertaken an International English Language Testing System (IELTS), Academic Modules Assessment, a Professional English Assessment for Teachers (PEAT), or an equivalent within the last 12 months? Yes No



Attach a certified copy of your most recent IELTS, PEAT or equivalent assessment, if applicable.

7. Declarations

7A. Institute Declaration.

The information provided on this form is being obtained by the NSW Institute of Teachers to enable it to carry out its functions under the Institute of Teachers Act 2004, and will be used by the Institute to advise and assist Teacher Accreditation Authorities in accrediting persons under this Act, and to monitor the accreditation process across all schools.

Other teacher registration boards or accreditation authorities and teacher employers may be provided with this information for the purpose of registering, accrediting or employing teachers.

Provision of the information is required for accreditation as a teacher in New South Wales. If you do not provide all, or any of this information then you may not be accredited.

All information will be stored securely. You may access and correct any personal information provided at any time by contacting the NSW Institute of Teachers.

7B. Applicant Declaration A.

7.1 Have you ever previously applied for accreditation under the Institute of Teachers Act 2004? Yes No

7.2 Have you ever previously been granted accreditation in NSW under the Institute of Teachers Act 2004? Yes No

7.3 Are you currently registered as a teacher by any Australian State, Australian territory, or New Zealand board, or accreditation authority? Yes No

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Registration certificate supplied:

YES NO



If you answered YES to 7.3, please attach a certified copy of your current certificate.

7.4 Have you ever had your registration, licensing, or classification as a teacher or any other entitlement to teach cancelled or suspended or withdrawn in Australia or any other country? Yes No

7.5 Have you ever been refused registration, accreditation, licensing, or classification as a teacher in Australia or any other country? Yes No

7.6 Have you ever been dismissed or asked to resign as a teacher in Australia or any other country? Yes No

7.7 Have you ever (or are you currently) the subject of disciplinary proceedings (or any action that might lead to such proceedings) in relation to your employment in Australia or any other country? Yes No

7.8 Have you ever been convicted of an offence carrying a penalty and imprisonment? Yes No

For office use only

Details provided:

YES NO



If you answered YES to any of the above questions please provide full details. Details in relation to 7.4 to 7.8 may be placed in a sealed envelope marked 'Private and Confidential' addressed to the Teacher Accreditation Authority. Note that this information may be passed on to the NSW Institute of Teachers.

7C. Applicant Signature and Declaration B.

I, _____
(Full name of applicant)

(Occupation)

(Home address)

■ declare that the information I have provided in this application, and the information contained in any documents accompanying this application is true and correct to the best of my belief and knowledge, and I make this declaration in the knowledge that the provision of false or misleading information is an offence under the Institute of Teachers Act 2004.

■ authorise the Institute to contact and exchange information with any institution or persons in an endeavour to verify any information provided in support of my application.

Your signature must be

Signature of applicant _____ Date _____

witnessed by a representative of

Signature of witness _____ Date _____

the Teacher Accreditation Authority

Name of witness _____

Office held _____

8. Certification by Teacher Accreditation Authority

I, _____
(Teacher Accreditation Authority)

of (Address) _____

hereby declare that the above information is correct to the best of my knowledge and belief. I recognise that the information is being collected for the purpose stipulated in the Institute of Teachers Act 2004 and may place (Applicant) _____ on the accreditation list for the NSW Institute of Teachers. I also attest that if conditionally accredited, the teacher is working under the on-site supervision of another teacher (other than a conditionally or provisionally accredited teacher). I have provided this information in the knowledge that the provision of false or misleading information is an offence under the Institute of Teachers Act 2004.

Signature of Teacher Accreditation Authority _____ Date _____

9. Decision of Teacher Accreditation Authority

Please note that ONLY ONE of 9A, 9B, 9C, 9D, or 9E, should be completed.

Detailed advice concerning accreditation is contained in the NSW Institute of Teachers Accreditation Manual.

9A. Provisional: Completed initial teacher education.

I hereby confirm that (Full name of Applicant) _____

of (Address) _____

has completed an approved course of Initial Teacher Education. On the basis of the evidence provided at this time, and following discussion with the teacher, I grant Provisional Accreditation.

Teacher Accreditation Authority's signature _____ Date _____

Teacher Accreditation Authority's name _____ School System _____

9B. Provisional: Registered with Australian or NZ authorities.

I hereby confirm that (Full name of Applicant) _____

of (Address) _____

is registered with an Australian or New Zealand teacher registration board or accreditation authority. On the basis of the evidence provided at this time, and following discussion with the teacher, I grant Provisional Accreditation.

Teacher Accreditation Authority's signature _____ Date _____

Teacher Accreditation Authority's name _____ School System _____

9C. Conditional: Has relevant degree qualifications and will complete a Teaching Qualification.

I hereby confirm that (Full name of Applicant) _____

of (Address) _____

has a degree in a relevant area in which they are employed to teach, has undertaken to complete their Teaching Qualification within the prescribed time as shown below, and will only teach under on-site supervision. On the basis of the evidence provided at this time, and following discussion with the teacher, I grant Conditional Accreditation.

Teacher Accreditation Authority's signature _____ Date _____

Teacher Accreditation Authority's name _____ School System _____

Institution	Course	Year commenced	Year of expected completion	Length of course (full-time equivalent)

9D. Conditional: Has relevant degree qualifications and has undertaken to complete a professional development program approved by the Institute as being equivalent to a Teaching Qualification.

I hereby confirm that (Full name of Applicant) _____

of (Address) _____

has a degree in a relevant area in which they are employed to teach, has undertaken to complete a Professional Development Program and will only teach under on-site supervision. On the basis of the evidence provided at this time, and following discussion with the teacher, I grant Conditional Accreditation.

Teacher Accreditation Authority's signature _____ Date _____

Teacher Accreditation Authority's name _____ School System _____

Please note that the NSW Institute of Teachers will be contacting the applicant later in the year, seeking details of the Professional Development Program that is being undertaken.

9E. Rejection of application for Accreditation.

On the basis of evidence supplied and following discussion with

(Full name of Applicant) _____

(Address) _____

I have rejected the applicant's request for accreditation for the following reasons:

Teacher Accreditation Authority's signature _____ Date _____

Teacher Accreditation Authority's name _____ School System _____

▶ Distribution of completed application and payment terms

DISTRIBUTION:

On completion of this form:

- One copy is to be provided to the applicant
- A second copy is to be retained by the Teacher Accreditation Authority
- The original must be sent to the NSW Institute of Teachers within 21 days.

PAYMENT:

Following receipt of the original form and required attachments, the NSW Institute of Teachers will invoice successful applicants for the accreditation fee. Non-payment of fees entails automatic cancellation of accreditation and the Institute will advise the Teacher Accreditation Authority to terminate the employment of the applicant as it is an offence under the Institute of Teachers Act 2004 to employ a teacher who is not accredited.

NSW INSTITUTE OF TEACHERS

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