

# FORM B

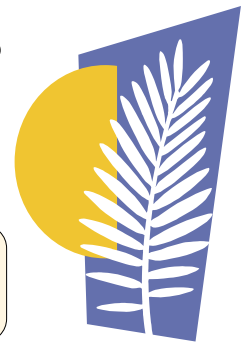
Additional copies of this 6 page form are available for download as a PDF document from the Institute's website at

[www.nswteachers.nsw.edu.au](http://www.nswteachers.nsw.edu.au)

# NSW INSTITUTE OF TEACHERS

## Application for Accreditation for New Scheme Teachers

For teachers returning to teaching after an absence of five or more years.



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 A  
PASSPORT  
SIZE  
PHOTO  
HERE



\*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

#### 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):

#### For office use only

Proof of offer:

YES

NO



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

For office use only

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.

For office use only

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.

For office use only

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

For office use only

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. Please attach details if space is insufficient.

For office use only

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  NO

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. Declarations

### 6A. 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.

### 6B. Applicant Declaration A.

For office use only

Registration certificate supplied:

YES  NO

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

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

6.3 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

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

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

6.6 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

6.7 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 6.3 to 6.7 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.

## 6C. 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 \_\_\_\_\_

## 7. 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 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 \_\_\_\_\_

## 8. Decision of Teacher Accreditation Authority

*Please note that ONLY ONE of 8A, 8B or 8C should be completed.  
Detailed advice concerning accreditation is contained in the NSW Institute of Teachers Accreditation Manual.*

### 8A. Decision of Provisional Accreditation.

I hereby confirm that (Full name of Applicant) \_\_\_\_\_ of (Address) \_\_\_\_\_ has completed a recognised teaching qualification and/or a degree relevant to the area they will teach and I have sighted their qualifications. They will undertake a process for updating their skills as outlined in the following Professional Development Outline. 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 \_\_\_\_\_

## 8B. Professional Development Program.

This is an outline of recommended Professional Development for the updating of the applicant's skills as discussed with the applicant.

Name of course	Provider	Enrolled units	Scheduled date

## 8C. 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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