



**APPLICATION FORM TO BECOME AN ENDORSED
PROVIDER OF CONTINUING PROFESSIONAL
DEVELOPMENT SUPPORTING THE MAINTENANCE OF
ACCREDITATION AT PROFESSIONAL COMPETENCE**

Providers linked to other endorsement frameworks

**(eg Registered Training Organisations and Higher Education
Institutions)**

Application Form

Please mail your completed application and any attachments or documents to:

Manager, Professional Learning
NSW Institute of Teachers
PO Box A976
SYDNEY SOUTH NSW 1235

PROVIDER DETAILS

Name of provider/s
Postal address
Phone number
Mobile phone number
Facsimile
Email address
Contact person (name and position title)
Registered business name and registration number or Australian Company Number

SCOPE OF ENDORSEMENT

Requested period of endorsement (maximum 5 years)

The Framework of Professional Teaching Standards comprises seven elements. Please indicate the elements for which endorsement is sought.

Elements	Please tick
1. Teachers know their subject/content and how to teach that content to their students	
2. Teachers know their students and how students learn	
3. Teachers plan, assess and report for effective learning	
4. Teachers communicate effectively with their students	
5. Teachers create and maintain safe and challenging learning environments through the use of classroom management skills	
6. Teachers continually improve their professional knowledge and practice	
7. Teachers are actively engaged members of their profession and the wider community	

Other particulars (please indicate if you intend to seek full endorsement or if you wish to be endorsed for one course or program or whether your organisation will provide professional development for a particular area such as a curriculum area). You will need to confirm your representative sample with the Institute of Teachers. The manual provides advice on the representative sample on pages 7-8.

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Provider Declaration

I, as the responsible officer of the provider seeking NSW Institute of Teachers endorsement, certify that the statements made in this submission are true and correct.

I understand that this application relates to the provision of continuing professional development that supports the maintenance of accreditation at Professional Competence.

I am aware that I cannot advertise or promote professional development on the basis that _____ (name of organisation) is in the process of applying for endorsement.

If this application is successful, I understand that _____ (name of organisation) will need to maintain the requirements stipulated in the endorsement criteria.

Name:

Position:

Signature:

Date:

DOCUMENTATION REQUIRED FOR THE APPLICATION FOR ENDORSEMENT AS A PROVIDER BY THE NSW INSTITUTE OF TEACHERS

The endorsement criteria is outlined in the *Becoming and Institute of Teachers Endorsed Provider of Professional Development Manual*. The manual explains and provides examples of the documentation required to address each criterion.

Each document should be clearly labelled and numbered according to the document numbers listed below. This will assist with the identification of provider's documents.

The provider should attach the following documentation (pages 7 - 9 of *Becoming and Institute of Teachers Endorsed Provider of Professional Development Manual for Providers Linked to Other Endorsement Frameworks* provide information about the information sought):

Endorsement Criteria for Provider Endorsement

1. courses and programs that the provider wishes to register. Providers will need to complete the table provided for their representative sample of courses. This should reflect quality design and delivery
2. copies of promotional material for registered courses and programs

REPRESENTATIVE SAMPLE OF COURSES AND PROGRAMS

Please list the title of each course or program that you are submitting in your representative sample. You will need to negotiate the number of courses or programs with the Manager Professional Learning at the NSW Institute of Teachers.

Please indicate the estimated number of courses and programs you offer.

Number of Courses:

Number of Programs:

	Course or Program Title
1	
2	
3	
4	
5	

Please fill out the table for each course and program in your representative sample. Endorsement will be limited to the elements and standards in the representative sample.

Representative Sample Course/Program Number _____

Course/Program title: _____

Date/s: _____

Time: (Please indicate the start and finishing times. If not decided please include indicative number of hours)

Target group for the course or program: _____

Research basis of the course or program. This should include current research.

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Course/program sessions	Focus and content of the session	Elements and related Standards of Professional Competence addressed by the session i) identification of Elements and Professional Competence Standards (Standards are provided for you to consider on pages 13-16 of the manual) ii) explanation of how the Standards will be addressed within the session
Session 1 (indicative amount of time)		
Session 2 (indicative amount of time)		

Course/program sessions	Focus and content of the session	Elements and related Standards of Professional Competence addressed by the session i) identification of Elements and Professional Competence Standards (Standards are provided for you to consider on pages 13-16 of the manual) ii) explanation of how the Standards will be addressed within the session
Session 3 (indicative amount of time)		
Session 4 (indicative amount of time)		

Course/program sessions	Focus and content of the session	Elements and related Standards of Professional Competence addressed by the session i) identification of Elements and Professional Competence Standards (Standards are provided for you to consider on pages 13-16 of the manual) ii) explanation of how the Standards will be addressed within the session
Session 5 (indicative amount of time)		

If required, please add further sessions.