



**Application for Recognition of Undergraduate or Postgraduate Studies
During an Approved Period of Leave of Absence**

Teacher's Name: _____

Teacher's Accreditation Number: _____

Teacher Accreditation Authority: _____

Period of Leave of Absence: _____

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/have undertake the following study:

(circle relevant response)

Institution where study is to be undertaken/or is being undertaken:

Duration of program or subject: _____
(Number of weeks or months or years, commencement date and completion date)

Please attach:

- the program outline for the qualification or subject
- evidence of enrolment and completion of qualification or subject/s.

PLEASE FORWARD COMPLETED APPLICATION TO:

**THE NSW INSTITUTE OF TEACHERS
PO 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.**

**THE PROGRAM OUTLINE YOU ATTACH TO THIS APPLICATION SHOULD REFLECT
THE STANDARD/S YOU IDENTIFY**

STANDARDS ADDRESSED	COMMENT

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.

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)

Signature: _____

Date: _____