**Application for Accreditation to Teach in a Catholic School
(P–12)**

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| Title |  | Surname |  | First Name |  | Second Name |  | Former Name(if applicable) |
| Address |       |
|  |       | Postcode |       |
| Email |       | Date of Birth |       |

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| Telephone (H) |       | Mobile |       |

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| School Name(if applicable) |       | School E Number(if applicable) |       |

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| School Address(if applicable) |       | Postcode |       |

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| Telephone (S) |       |

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| ***Please attach a copy of your current registration card from the Victorian Institute of Teaching*** | C Number(if applicable) | **C** |

***Please fill in the reverse side of this form with your record of approved professional learning programs.***

**THE MEANS OF ACCREDITATION TO TEACH IN A CATHOLIC SCHOOL**

1. **Hours:** The applicants should be able to demonstrate that they have engaged in **fifty (50) hours**of study.
2. **These studies should include an adequate coverage of each of these areas:**
3. child, adolescent and adult faith development *(a minimum of 10 hours)*
4. the aims, objectives and rationale of Catholic schools *(a minimum of 10 hours)*
5. Revelation, the Catholic Church, Jesus Christ, Scripture, the Church in its Liturgy, Life and Tradition, Sacraments, Morality, Justice and Peace *(a minimum of 15 hours)*.
6. **These studies may be undertaken in:**
7. school-based in-service activities
8. diocesan and regional seminars
9. formal courses.

**I hereby apply for Accreditation to Teach in a Catholic School (P–12) according to the Catholic Education Commission of Victoria (1997) policy 1.6.**

**I have fulfilled the requirements and have attached appropriate documentation.**

**Please check:** **[ ]  I have attached a copy of my *current* VIT registration card**

**[ ]  I have attached copies of relevant certificates and other evidence**

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| ***Date of form completion*** |       |

When the form is completed and necessary documents attached, please email or forward as appropriate to the Catholic Education Office in the diocese in which your school is located (see below for details). If all the documentation is provided and the application meets the requirements of the Accreditation Policy, you should receive certification in four to six weeks.

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| **ARCHDIOCESE OF MELBOURNE** | **DIOCESE OF SANDHURST** | **DIOCESE OF SALE** | **DIOCESE OF BALLARAT** |
| Please email to:accreditationenquiries@cem.edu.au | Director of Catholic EducationAtt: Director of Religious Education | Director of Catholic Education | Deputy Director of Catholic Education |
|  | Sandhurst Catholic Education Office | Catholic Education Office | Catholic Education Office |
|  | PO Box 477 | PO Box 322 | PO Box 576 |
|  | BENDIGO CENTRAL VIC 3552 | WARRAGUL VIC 3820 | BALLARAT VIC 3353 |

**PROFESSIONAL LEARNING RECORD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Program/Course** | **Organising Body and/or Venue** | **Date Held** | **Hours** | **Category** | **Approval Code** |
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**According to our school records, I can verify that this teacher attended the professional learning program(s) listed above.**

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_/\_\_\_\_/\_\_\_** |
| **Role in School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **(Principal, Deputy Principal, Religious Education Coordinator)** |  |