**Application for Accreditation to Teach in a Catholic School**

 **(F-12)**

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

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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) |       | Fax (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:**

 (a) Child, adolescent and adult faith development *(a minimum of 10 hours)*

 (b) The aims, objectives and rationale of Catholic schools *(a minimum of 10 hours)*

(c) 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)*

(3) **These studies may be undertaken in:**

 (a) School-based in-service activities

 (b) Diocesan and regional seminars

 (c) 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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| ***Signature:*** |  | ***Date:*** |  |

When form is completed and necessary documents attached, please forward to the Catholic Education Office in the diocese in which your school is located.

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| ***ARCHDIOCESE OF MELBOURNE*** | ***DIOCESE OF SANDHURST*** | ***DIOCESE OF SALE*** | ***DIOCESE OF BALLARAT*** |
| *Director of Catholic Education**Catholic Education Office Melbourne* | *Director of Catholic Education**Att: Director of Religious Education* | *Director of Catholic Education**Catholic Education Office* | *Deputy Director of Catholic Education**Catholic Education Office* |
| *PO Box 3* | *Sandhurst Catholic Education Office* | *PO Box 322* |  |
| *EAST MELBOURNE VIC 8002* | *PO Box 477* | *WARRAGUL VIC 3820* | *PO Box 576* |
|  | *BENDIGO CENTRAL VIC 3552* |  | *BALLARAT VIC 3353* |

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**PROFESSIONAL LEARNING RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Program/Course** | **Organising Body and/or Venue** | **Date Held** | **Hours** | **Category** |
|       |       |       |       |       |
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**According to our school records, I can verify that this teacher attended the Professional Learning Program listed above.**

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