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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Name (if applicable) |  | | School E Number (if applicable) | |  |
| School Address (if applicable) |  | | | Postcode |  |
| Telephone (S) |  |

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

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

**Accreditation to Teach in a Catholic School – Requirements**

1. The applicant should be able to demonstrate that they have engaged in 25 hoursof professional learning within five years of being employed.
2. This learning should be balanced across the areas of:

* the aims and objectives of the Catholic school
* faith development
* Catholic identity, culture and tradition (including prayer, liturgy, scripture and Catholic social teaching).

1. The professional learning may be undertaken as:

* school-based inservice activities
* diocesan and regional seminars
* formal courses.

**I have attached the relevant documentation to support my application for Accreditation to Teach in a Catholic School.**

**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 Ballarat** | **Diocese of Sale** | **Diocese of Sandhurst** |
| Please email to: | Please email to: | Mr Dom Ryan | Director of Catholic Education |
| [accreditationenquiries@cem.edu.au](mailto:accreditationenquiries@cem.edu.au) | [accreditation@ceob.edu.au](mailto:accreditation@ceob.edu.au) | Manager: Catholic Identity and Religious Education | Att: Director of Religious Education |
|  |  | Sandhurst Catholic Education Office |
|  |  | PO Box 322 | PO Box 477 |
|  |  | WARRAGUL VIC 3820 | BENDIGO VIC 3552 |
|  |  | Email: [dryan@ceosale. catholic.edu.au](mailto:dryan@ceosale.catholic.edu.au) | Email: [accreditation\_ces@ceosand.catholic.edu.au](mailto:accreditation_ces@ceosand.catholic.edu.au) |

**Professional Learning Record**

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| --- | --- | --- | --- | --- |
| **Name of Program/Course** | **Organising Body** | **Date Held** | **Hours** | **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)** |  |