

FORM A: Application for recognition of an educational setting for equivalence of experience for provisional registration purposes

FORM A: Provisionally Registered Teacher

Under the *Education (Queensland College of Teachers) Act 2005 (the Act)* (s22-24) holders of provisional registration are required to meet professional practice requirements prescribed in the *Regulation (s6 (1))* as:

- a) *successful completion of 1 year of duties as a teacher ['one year' is defined by the College as 200 days]; or*
- b) *other experience the College is satisfied is the equivalent of successful completion of 1 year of duties as a teacher at a school.*

Teaching experience may be in a school or in another setting if teaching a program based on a Queensland Curriculum and Assessment Authority syllabus or guideline. As a provisionally registered teacher wishing to use your **teaching experience in other settings** you must complete this application form **before** commencing to work towards the experience necessary for gaining full registration. Please note that the organisation/educational institution in which you work must also apply for recognition from Queensland College of Teachers (QCT) through submission of Application for Recognition Form B and will be able to provide you with their Recognition Number and Recognition Expiry Date.

Eligibility for full registration requires that as a provisionally registered teacher you meet the Australian Professional Standards for Teachers and professional practice requirements. Upon completion of requirements a Provisional to Full Registration Recommendation Report must be completed by the principal (or equivalent person approved by the QCT) responsible for supervising you during the provisional registration period. For further information on progressing to full registration, please see the policy *Process for moving from provisional to full registration*.

1 PERSONAL DETAILS

QCT registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	<input type="text"/>					
Address	<input type="text"/>					
City	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>	
Home Phone	<input type="text"/>	Mobile	<input type="text"/>			
Work Number	<input type="text"/>	Email address	<input type="text"/>			

2 EMPLOYING INSTITUTION

Name of institution	<input type="text"/>					
Address	<input type="text"/>					
City/Town/Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>	

3 NAME AND ADDRESS OF LEARNING SITE (must be in Queensland)

Name	<input type="text"/>					
Address	<input type="text"/>					
City/Town/Suburb	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>	
Contact Number	<input type="text"/>					

4 TEACHING ROLE

- (a) As a provisionally registered teacher, I will be responsible for planning, delivering and assessing an approved education program in the above education institution. Yes No
- (b) The program is developmental – occurring over a reasonable period of time (e.g. a semester); taught to the same group of learners; builds on prior learning and prepares for subsequent learning. Yes No
- (c) Time frame of program weeks.
- (d) The program is delivered to both individuals and groups. Yes No
- (e) What is the size of the group(s)?
- (f) The age levels of learners in the educational program may include adolescent and adult learners but cannot extend to learners aged more than two years below those of school age [Prep minus 1 year].
Age level of learners years.
- (g) The teaching role encompasses working with all of the Australian Professional Standards for Teachers. Yes No
- (h) On a separate attachment, describe how your role relates to each of the seven Standards. In your response, include an outline of your teaching program/subject allocation and the responsibilities of your teaching role.

5 SUPERVISION

As a provisionally registered teacher, you must be supervised by the Principal or another person responsible for the education program in the institution. The supervisor must be a fully registered teacher with at least five years of teaching experience. Provide details of the person responsible for your supervision.

Name

QCT registration number

Position in Organisation

Years of teaching

Email Address

Describe the nature of the supervision that will be provided including the amount of contact and formal observations of teaching practice. This information may be included on the attachment detailing the teaching role:

6 INDUCTION AND PROFESSIONAL SUPPORT

As a provisionally registered teacher, I will engage in the program of induction and professional support provided by my employing organisation. Yes No

7 EMPLOYING INSTITUTION'S APPLICATION

Your employing institution must have 'QCT Recognition of Equivalence of Experience for Provisional Registration Purposes' status**

Recognition Expiry Date:

Recognition Number:

**** If the institution has not had its status recognised by the QCT for equivalence of experience for provisional registration purposes, it will need to apply for this recognition to the QCT before your application can be considered further.**

Signature Required:

I certify that the information contained within this document is correct and accurate at the time of completion.

Signature

DD/MM/YYYY

/ /

Email the completed form to professionalstandards@qct.edu.au.

Please contact us via the channels below if a different method is required.

Contact us

1758 | FO25 | 0620

07 3377 4777

or call 1300 720 944

PO Box 389
Toowong Qld 4066 Australia



www.qct.edu.au