

FORM K: Progressing to full teacher registration if teaching a QCAA approved or accredited Kindergarten guideline

This form is for provisionally registered teachers who will be teaching a Queensland Curriculum and Assessment Authority (QCAA) approved or accredited kindergarten guideline. You should complete and lodge this form with the Queensland College of Teachers (QCT) **before** beginning to work towards full registration, so that the QCT can be sure there is provision for induction and support by a fully-registered teacher as your mentor/reviewer.

To progress to full registration, you must meet the *Australian Professional Standards for Teachers* and teach for one year (200 days) in an acceptable setting. Acceptable teaching experience includes teaching the *Queensland kindergarten learning guideline* (QKLG) to 3-5 year old children.

On achievement of the requirements, an *Assessment against the Australian Professional Standards for Teachers* and a *Recommendation for Full Registration* are completed by your fully registered mentor/reviewer.

For further information on the transition to full registration, please refer to the key reference materials on the QCT website. This includes the *Provisional Registration Fact Sheet* and the mandated *Transition to Full Registration: Providing evidence of practice: EVIDENCE GUIDE*

1 PERSONAL DETAILS

QCT registration number	<input type="text"/>	<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 NAME AND ADDRESS OF EARLY YEARS SETTING WHERE YOU ARE TEACHING (must be in Queensland)

Name of Organisation	<input type="text"/>						
Address	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Post Code	<input type="text"/>		
Contact person for Organisation	<input type="text"/>						
Work Number	<input type="text"/>	Email address	<input type="text"/>				

I would like my supervisor to be informed when my mentor is approved

3 TEACHING ROLE

What program are you teaching?

- Queensland Kindergarten Learning Guideline (QCAA approved)
- Other - **do not use this form**. Please submit Equivalence Form A, and Equivalence Form B for your institution (available under 'forms' on the QCT website)

4 DETAILS OF REVIEWER (Fully registered teacher providing supervision, support and assessment) cont.

As a provisionally registered teacher, you must be supported by an appropriate fully registered teacher as your mentor/reviewer. This person will also assess your teaching practice and complete the *Assessment against the Australian Professional Standards for Teachers* and a *Recommendation for Full Registration*.

Reviewer

QCT registration number

Name

Position in Organisation

Email address

Work Number

Name of organisation if not based at the centre where you are teaching

Describe the nature of the support. The level of support outlined should detail all modes of communication including the number of formal observations that will take place across the provisional registration period. An attachment may be provided.

5 IDENTIFICATION OF A POTENTIAL CONFLICT OF INTEREST

The mentor/reviewer must not be:

- a close friend or relative
- a parent of a child in any of your classes
- a teacher of any of your children.

Other personal or professional relationships may present a potential conflict of interest for the person who undertakes the role of mentor and reviewer of the professionally registered teacher's practice.

Please detail below any past or present associations between you and your mentor/reviewer that may represent a conflict of interest. This may include graduating from the same initial teacher education program. You should also include the date/time period of this association. Providing details of a potential conflict of interest will not automatically exclude a possible mentoring relationship. Conflict of interest will be considered on a case-by-case basis.

Details of previous/current association

Date/time period of this association

Details of previous/current association	Date/time period of this association

6 SIGNATURE OF PROVISIONALLY REGISTERED TEACHER

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

Signature: DD/MM/YYYY
 / /

7 SIGNATURE OF REVIEWER (Fully registered teacher providing supervision, support and assessment)

I certify that the information contained in 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.

PERSONAL INFORMATION - PRIVACY COLLECTION NOTICE:

The QCT is collecting information in this Report in accordance with section 23 of the *Education (Queensland College of Teachers) Act 2005* and section 6 of the *Education (Queensland College of Teachers) Regulation 2005* to assist in assessing whether full registration should be granted. The information will only be accessed by staff and committees of the QCT and will not be given to any other person or agency unless permission is given or the QCT is required by law to disclose the information. Further details about the QCT's Privacy Statement and collection of personal information may be found on the QCT's website, www.qct.edu.au

Contact us

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or call 1300 720 944

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