



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 Studies Authority syllabus or guideline. Provisionally registered teachers who wish to use their **teaching experience in other settings** 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 QCT through submission of Application for Recognition Form B and will be able to provide you with their Recognition Number and Recognition Expiry Date.

To be eligible for full registration requires that the provisionally registered teacher meets the *Professional Standards for Queensland 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) responsible for supervising the provisionally registered teacher.

1. PERSONAL DETAILS

Name		
QCT Registration Number		
Address		
City / Town / Suburb		Postcode
Contact Number		
Email Address		

2. EMPLOYING INSTITUTION

Name		
Postal Address		
City / Town / Suburb		Postcode

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

Name		
Postal address		
City / Town / Suburb		Postcode
Contact Number		

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 educational institution. **YES** **NO**

(b) Outline your teaching program/subject allocation/responsibilities:

(c) The program is developmental – occurring over a reasonable period of time (e.g. a semester), is taught to the same group of learners, builds on prior learning and prepares for subsequent learning. **YES** **NO**

(d) Time frame of program _____ weeks.

(e) The program is delivered to both individuals and groups. **YES** **NO**

(f) What is the size of the group(s) _____ ?

(g) 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 2 years].
Age level of learners _____ years.

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:

Supervisor:	Name	
	QCT Registration Number	
	Position in Organisation	
	Years of teaching	

Describe the nature of the supervision including amount of contact (an attachment may be provided):

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 Queensland College of Teachers for equivalence of experience for provisional registration purposes, it will need to apply for this recognition to the Queensland College of Teachers 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

Date

Please return form to Assistant Director, Professional Standards, Queensland College of Teachers
PO Box 389, Toowong, Qld 4066; Fax (07) 3876 7248; email: professionalstandards@qct.edu.au
For further information please contact QCT on telephone: (07) 3377 4777