

FORM K: Progressing to Full Teacher Registration if Teaching a QSA Approved or Accredited Kindergarten Guideline

This form is for provisionally registered teachers who will be teaching a QSA 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. To progress to full registration, you must meet the *Professional Standards for Queensland Teachers* and teach for one year (200 days) in an acceptable setting. Acceptable teaching experience includes teaching the QSA Kindergarten Learning Guideline or the C&K 'Building waterfalls' QSA accredited kindergarten guideline to 3–5 year old children. On completion of requirements, a *Provisional to Full Registration Recommendation Report* is to be completed by the fully registered teacher responsible for your supervision and support.

1. PERSONAL DETAILS OF PROVISIONALLY REGISTERED TEACHER

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

2. NAME AND ADDRESS OF EARLY YEARS SETTING WHERE YOU ARE TEACHING (must be in Queensland)

Name of Organisation	
Postal Address	
City / Town / Suburb	Postcode
Contact Person for Organisation	
Contact Number	

3. TEACHING ROLE

What program are you teaching? <input type="checkbox"/> Queensland Kindergarten Learning Guideline (QSA approved) <input type="checkbox"/> C&K 'Building waterfalls' – (QSA accredited kindergarten guideline) <input type="checkbox"/> 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 FULLY REGISTERED TEACHER PROVIDING SUPERVISION AND SUPPORT

As a provisionally registered teacher, you must be supported by a fully registered teacher. This person also will complete the Provisional to Full Registration Recommendation Report for you when you have completed requirements. Complete details:

Supervisor	Name
	QCT Registration Number
	Position in Organisation
Name of organisation if not based at the centre where you are teaching	
Describe the nature of the support including the amount of contact (an attachment may be provided)	
Signature of supervisor	Date

5. SIGNATURE OF PROVISIONALLY REGISTERED TEACHER

I certify that the information contained in this document is correct and accurate at the time of completion.	
Signature	Date
Please return form to Manager, Policy, Professional Standards Unit, Queensland College of Teachers, PO Box 389, Toowong, Qld 4066. Fax (07) 3876 7248; email: professionalstandards@qct.edu.au	