APPLICATION FOR ADDITIONAL APPROVAL TO TEACH SECONDARY SUBJECTS/TEACHING AREAS

APPROVAL FOR: INFORMATION & SOFTWARE TECHNOLOGY YEARS 7-10

NOTE: You do not need to complete this form if you had been previously approved for Computing Studies Years 7-10 or if you are applying for approval for Software Design and Development or Information Processes and Technology which provides for automatic approval for Information & Software Technology Years 7-10.

Name ________________________ Identification no. ________________________

Current school (if permanent or temporary) ________________________

Contact phone no. ________________________ Email address ________________________

VERIFIED TEACHING SKILLS AND EXPERIENCE

Complete this section if your application is on the basis of verified experience in teaching a subject/teaching area for which you are not currently approved. Only teaching experience within the previous five years is considered.

At least two years verified full time (or part time equivalent) teaching experience covering the breadth of the junior syllabus and/or senior syllabuses is required for approval on the basis of teaching skills and experience. Teachers without this experience should provide additional information on qualifications, training or industry experience to support their application.

In the cells marked ‘Year’ please insert the years you taught the relevant Board of Studies courses (eg 2007; 2008) and write under the relevant year/s the amount of teaching you have undertaken using the following teaching time indicators:

<table>
<thead>
<tr>
<th>1 class for four terms</th>
<th>1.0</th>
<th>1 class for two terms</th>
<th>0.5</th>
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<tr>
<td>1 class for three terms</td>
<td>0.75</td>
<td>1 class for one term</td>
<td>0.25</td>
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Where you have taught classes for part of a year, please provide additional documentation specifying topics delivered and, for Computing Studies Years 7-10/Information & Software Technology Years 7-10, year groups taught.

BOS course taught | Year | Year | Year | Year | Year

Computing Studies Years 7-10/Information & Software Technology Years 7-10

Information Processes and Technology (Preliminary)

Information Processes and Technology (HSC)

Software Design & Development (Preliminary)

Software Design & Development (HSC)

Your effective teaching experience in this subject must be verified by the principal’s comment and signature.

Principal’s comment on the effectiveness of the teacher in delivering Computing Studies/Information & Software Technology Years 7-10.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I support this application for additional approval to teach Information & Software Technology Years 7-10. I confirm that this teacher has effectively taught the courses marked.

Principal’s name ________________________ Signature ________________________ Date ________________________

If your experience over the previous five years is in more than one school please seek comments and signature from the supervising principal in each school.
**TRAINING** will be considered if certified documentary evidence is provided.

List the qualifications/further training you have completed or partly completed that contain studies that prepare you for teaching Information & Software Technology Years 7-10. This training may include your initial teacher training, further university training, TAFE and industry training relevant to teaching in this subject/teaching area.

*Please attach a certified copy of transcripts and testamurs.*

<table>
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<tr>
<th>Qualification/Award and Institution/provider</th>
<th>Completed Yes/No</th>
<th>Year/s</th>
<th>Relevance of Training</th>
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**INDUSTRY SKILLS AND EXPERIENCE** relevant to teaching in this subject/teaching area.

Relevant experiences may include teaching at TAFE, tutoring school-age students, university lecturing and any experience in a self-employed capacity or in industry that is related to teaching in this subject/teaching area. Greater consideration is given to experience gained within the previous five years.

*Please attach a certified copy of statement/s of service from employer/s if applicable.*

Please include any other information you believe is relevant to this application.

**APPLICANT’S SIGNATURE**

I confirm that the information provided regarding my qualifications or industry experience is accurate. If my application for additional approval to teach is based on my verified teaching skills and experience, I understand that my current and/or former principal/s may be contacted to furnish further details as required.

Teacher’s name __________________________ Signature __________________________ Date __________

RETAIN A COPY OF THIS APPLICATION BEFORE FORWARDING TO:

Teacher Recruitment Unit on fax no 9836 9767 or email to TeacherRecruitment@det.nsw.edu.au