APPLICATION FOR ADDITIONAL APPROVAL TO TEACH SECONDARY SUBJECTS/TEACHING AREAS

APPROVAL FOR: SOFTWARE DESIGN AND DEVELOPMENT YEARS 11-12
(and 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 to teach. Only teaching experience within the previous five years is considered.

Verified teaching experience covering at least one full Year 11 preliminary and one full Year 12 HSC course 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 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>
</tr>
</thead>
<tbody>
<tr>
<td>1 class for three terms</td>
<td>0.75</td>
<td>1 class for one term</td>
<td>0.25</td>
</tr>
</tbody>
</table>

Where you have taught classes for part of a year, please provide additional documentation specifying topics delivered.

<table>
<thead>
<tr>
<th>BOS course taught</th>
<th>Year</th>
<th>Year</th>
<th>Year</th>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software Design &amp; Development (Preliminary)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Software Design &amp; Development (HSC)</td>
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</table>

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 Software Design & Development.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I support this application for additional approval to teach Software Design and Development Years 11-12.
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.
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

Office Use Only

☐ Follow-up required Date: ____________
☐ Eligible for SDD
☐ Eligible for IST and SDD
Officer’s name: _________________________