

Application for Internship Authorisation

A INSTITUTION AND INTERNSHIP AUTHORISATION DETAILS

Name of institution	<input type="text"/>	
Contact person	<input type="text"/>	
Phone number	<input type="text"/>	
Email	<input type="text"/>	
Program preservice teachers enrolled in	<input type="text"/>	
Authorisation period	From <input type="text"/>	To <input type="text"/>

The internship authorisation is subject to the following conditions:

- that the institution attests to each preservice teacher's fitness to undertake an internship with the support of a mentor teacher, i.e. that each preservice teacher is of good character and has successfully completed the necessary prior academic studies and practical experience of the approved preservice teacher education program;
- that each preservice teacher will teach in specified year level(s) or subject area(s) only;
- that the teachers whose classes are allocated to preservice teachers will retain responsibility for the oversight and management of their classes' curriculum and assessment programs;
- that the teaching program planned and implemented by each preservice teacher will be normally limited to an average of a half teaching load over the internship; and
- that suitable arrangements have been made by the school principal and the Institution adviser for supporting and mentoring the work of each preservice teacher.

B LIST OF PRESERVICE TEACHERS

Names of Preservice Teachers

Names of Preservice Teachers		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

C INTERNSHIP AUTHORISATION APPROVAL

Institution Representative (Must be an academic staff member with authority to certify conditions have been met)

On behalf of the above named institution, I hereby apply for an internship authorisation for the preservice teachers listed on the form and confirm that the conditions stated above will be met.

Name	<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Queensland College of Teachers

An internship authorisation for the stated period is approved for the preservice teachers listed on this form subject to the above conditions being met.

Name	<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE RETURN COMPLETED APPLICATION TO THE QUEENSLAND COLLEGE OF TEACHERS AT THE ADDRESS BELOW.
Alternatively, email it to internship@qct.edu.au.

PRIVACY STATEMENT

Personal information collected in this form is to enable the Queensland College of Teachers (QCT) to consider the application under section **[insert number]** of the *Education (Queensland College of Teachers) Act 2005*. The information will only be accessed by authorised persons, service providers, 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 or permitted by law to disclose the information further. 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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www.qct.edu.au