**Application for Certification
Highly Accomplished or Lead Teacher**

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| **Application** | [ ]  **Highly Accomplished** **Teacher** [ ]  **Lead Teacher****Teachers do not have to be certificated as Highly Accomplished Teacher before applying for Lead Teacher.** |
| **Name** | **Title** Click here to enter text. | **First Name** Click here to enter text. | **Surname** Click here to enter text. |
| **Email** | Click here to enter text. |
| **Telephone** | **Mobile** Click here to enter text. | **Work** Click here to enter text. |
| **Gender** | **Male** [ ]  **Female** [ ]   | **ATSI Status** [ ]  Yes [ ]  No |
| **School**  | Click here to enter text. |
|  | **Current roles or positions in school** Click here to enter text. |
|  | **Current school FTE** Click here to enter text. | **Teaching contact hours/week** Click here to enter text. |
|  | **Principal’s Name** Click here to enter text. |
| **Eligibility** | [ ]  I am an Australian citizen OR [ ]  I have an Australian permanent residency visa. |
|  | [ ]  I have current and full registration with the Teachers Registration Board of South Australia and attach a photocopy of my Teachers Registration Certification. |
|  | [ ]  I have included my most recent annual performance assessments or equivalent.\* |
|  | [ ]  2 years for Highly Accomplished OR |
|  | [ ]  3 years for Lead Teacher  |
|  | [ ]  None conducted: I have referees who will be able to provide evidence of past performance |
|  | [ ]  3 copies of application material attached to application form |
|  | \*Refer to the [Guide to the Certification of Highly Accomplished and Lead Teachers in South Australia](http://www.cesa.catholic.edu.au/working-with-us/national-standards) |
| **Payment** | Application fee $200 [ ]  **Cheque** [ ]  **Money Order** [ ]  **Electronic Funds Transfer (EFT)** |
|  | **EFT Payment** BSB 085 005 Acc 14 795 4052 | Please quote your first initial and surname as reference. |
| **Principal** | **I support and endorse this application for High Accomplished or Lead Teacher.** |
|  | **Signature** **Date** Click here to enter text. |
| **Applicant’s** | **The information I have provided is true and accurate.** |
| **Declaration** | **Signature** **Date** Click here to enter text. |

**This form becomes a Tax Invoice upon payment. Please keep a copy for your records. ABN 84 572 437 441**

Email your application with your written evidence toMonica. Conway@**cesa.catholic.edu.au**
OR Send 3 COPIES to Monica Conway, Assistant Director, Catholic Education Office, PO Box 179, TORRENSVILLE PLAZA 5031

**OFFICE USE** PROGRAM 01 1118 5095 │Received │Payment │Acknowledged