

TEMPLATE A

APPLICATION FOR ACCREDITATION OR RE-ACCREDITATION OF AN INITIAL TEACHER EDUCATION PROGRAM APPLICATION COVER SHEET

Name of program:	_____		
Program code:	_____		
Qualification awarded:	_____		
Awarding provider:	_____		
Faculty/School/Department:	_____		
Website:	_____		
Duration of program (in FTE years):	_____		
Delivery mode/s:	_____		
Length of professional experience component (days of supervised practice):	_____		
Teaching area(s):	_____		

Program contact person:			
Name:			
	Title	First name	Last name
Position:	_____		
Postal address:	_____		
Email:	_____		
Phone:	_____		
Is this application for:	___Initial accreditation	OR	___Re-accreditation
If application is for initial accreditation, is the program:	___ new/proposed	OR	___ existing
If existing program, date program commenced:	_____		
If initial accreditation, date of last accreditation under state system (if applicable):	_____		
If reaccreditation, date of initial/previous accreditation under national approach:	_____		
Date(s) of any preliminary meeting(s) with panel for this application:	_____		
Date of application:	_____		
Date of proposed program commencement:	_____		

TEMPLATE A

APPLICATION FOR ACCREDITATION OR RE-ACCREDITATION OF AN INITIAL TEACHER EDUCATION PROGRAM DECLARATION FORM

DECLARATION BY DEAN/HEAD OF SCHOOL

I, _____, being _____
(Name) Title of position)

endorse the attached as the formal application from _____
(Name of faculty/school)

We undertake to comply with the reporting requirements specified in Program Standards 7.2 and 7.3.

Signed: _____ Date: _____

Phone: _____ Email: _____