Application for Approval of In-Service for the Purpose of Accreditation to Teach in a Catholic School

School Name ___________________________ School E Number __________

Postal Address ___________________________ Postcode __________

Telephone __________ Fax __________

Type of In-Service
- School-Based [ ]
- Regional [ ]
- Diocesan [ ]
- Other Provider [ ]

Title of In-Service: ___________________________

Venue: ___________________________

Name(s) of Presenter(s): ___________________________

Date(s) of In-Service: ___________________________

Category of In-Service: (please tick appropriate box)

☐ Category a: Child, adolescent and adult faith development

☐ Category b: The aims, objectives and rationale of Catholic schools

☐ Category c: Revelation and the Catholic Church: Jesus Christ, Scripture, the Church in its Liturgy, Life and Tradition, Sacraments, Morality, Justice and Peace

In order to ensure that this activity fulfils the requirements of CECV Policy 1.6 Accreditation to Teach in a Catholic School, and to identify the area of study, please include the following information below together with a copy of the program:

Duration of Activity in hours: ________ Broken down into:

Lecture ________ hours

Question time ________ hours

Workshops ________ hours

Principal name ___________________________ Signature ___________________________ Date: ___________________________

When form is completed and necessary documents attached, please forward to the Catholic Education Office in the diocese in which your school is located.

ARCHDIOCESE OF MELBOURNE
Director of Catholic Education
Catholic Education Office
PO Box 3
EAST MELBOURNE VIC 8002

DIOCESE OF SANDHURST
Director of Catholic Education
Att: Director of Religious Education
Catholic Education Office
181 McCrae Street
BENDIGO VIC 3550

DIOCESE OF SALE
Director of Catholic Education
Catholic Education Office
PO Box 322
WARRAGUL VIC 3820

DIOCESE OF BALLARAT
The Director of Religious Education
Religious Education Centre
PO Box 576
BALLARAT VIC 3353