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|  | TEMPLATE 1 |
|  | **Application cover sheet** |

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| **Program details** |
| **Date of application** |  |
| **Program title(s) covered by this application** |  |
| **Program type** |  |
| **Program code** |  |
| **Provider** |  |
| **Faculty / School / Department** |  |
| **Program duration in equivalent full-time student load (EFTSL)** |  |
| **Delivery mode(s)** |  |
| **Campus(es) where the program is offered** |  |
| **Length of professional experience component (days of supervised practice)** |  |
| **Stage(s) of schooling****(for example, early childhood/primary, primary, secondary)** |  |
| **Primary specialisation(s) offered (primary programs)** |  |
| **Teaching areas offered (secondary programs)** |  |
| **Website URL (if available)** |  |
| **Date(s) of any preliminary meeting(s) with the relevant teacher regulatory authority for this application** |  |
| **Date of program commencement** |  |
| **Is the application for** | * A new program
* An existing program
 |
| **If existing, is the application for** | * Stage one
* Stage two
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| **If existing, what is the date of:** |  |
| Original program commencement |  |
| Last accreditation |  |
| Approval expiry |  |

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| **Additional information** |
| **Program description and rationale (200-word limit)** |  |
| **Quality assurance processes (200-word limit)** |  |

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| **Details of program contact** |
| Name | Position |
|  |  |
| Postal address |  |
|  |  |
| Email | Phone |
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| **Declaration by Dean / Head of School** |
| I *(Name)* being *(Position title)*endorse the attached as the formal application from *(Faculty / School / Department)*We undertake to comply with the reporting requirement specified in Program Standard 6.4. |
| Signed | Date |
|  |  |
| Email | Phone |
|  |  |