APPLICATION FOR ACCREDITATION TO TEACH RELIGIOUS EDUCATION

to meet the Professional Requirement as a Teacher of Religious Education
according to *the Accreditation Policy To Work, Teach, Lead in Catholic Schools (Archdiocese of Sydney)*

CATEGORY D

Applications must include copies of ACADEMIC TRANSCRIPTS

and other relevant documentation certified by either a Justice of the Peace, Priest or Principal

Name: .... Emp ID: ....

Home Address: .... Phone (h): ....

Suburb: .... .Post/c: ....

Current School: .... Phone (w): ....

Suburb: .... .Post/c: ....

Religion: ....(If not Catholic, use Provisional D (Other Than Catholic) Form)

I submit my application for accreditation based on ONE of the following criteria: (please tick ✓)

1. I have completed a major course of study in Religious Education/Theology in the B Ed or in another basic teaching course at a Catholic tertiary institution. ☐

2. I have completed an equivalent accredited course in Religious Education/Theology through a Catholic tertiary institution. ☐

3. I have completed an accredited course in Religious Education/Theology through a secular tertiary institution approved by Sydney Catholic Schools (SCS). Director of Religious Education and Evangelisation ☐

4. I have completed a minimum of four SCS approved postgraduate units of study with a maximum of 2 units of Religious Education and a minimum of 2 units of Theology, at a Catholic tertiary institution or an SCS approved secular institution. ☐

5. I have completed a minimum of four SCS approved postgraduate units of study in Theology or Theological Studies at a Catholic tertiary institution or an SCS approved secular tertiary institution. ☐

6. I have completed an SCS approved qualification in Religious Education/Theology from an endorsed provider. ☐

7. I have previously been accredited to teach Religious Education in another Catholic Diocese. (Certified copy of accreditation letter/certificate attached). ☐

Note: For Accreditation Category D, a Theology coded unit in Biblical Studies or Scripture from an SCS approved provider, must be included.

I submit this application believing it to be a true and accurate record.

Signature of Applicant: _____

Date: _____

ACADEMIC TRANSCRIPTS MUST ACCOMPANY APPLICATION

Please send to:
David Ivers - Specialist: Religious Leadership
Religious Leadership and Learning
Mission and Identity Directorate
Sydney Catholic Schools
Email: ree.accreditation@syd.catholic.edu.au

Sydney Catholic Schools

Office Use Only

Accreditation Status: _____

Signature: _____

Date: _____