



RELIGIOUS EDUCATION CO-ORDINATOR REQUEST FOR CLASSIFICATION/RECLASSIFICATION - LEVEL I/II

A. GUIDELINES FOR APPLICANTS FOR REC POSITIONS

As part of your application for appointment to the position of Religious Education Co-ordinator you are required to complete the following procedures.

Documents submitted for Accreditation to Teach Religious Education which are already held by the Religious Education Unit at the SCS Office do not need to be re-submitted. Please indicate documents submitted in section D.

1. Please complete sections A, B, C, D and E of the following form (HR00316A).
2. Attach **certified** copies of your Teaching and Religious Education Qualifications. Both certificates / diplomas, etc and the **transcript of subjects** completed should be included.
3. Forward the *Request for Classification* form and attached transcripts with your application.
4. You will receive a letter from the Director of Mission & Identity advising you of your REC classification Level irrespective of your success with your application.

B. GUIDELINES FOR RECLASSIFICATION TO LEVEL 1

Teachers who have completed the required study as indicated below* should complete sections A to E of the following form (HR00316A) and return to:

Please send to:

David Ivers - Specialist: Religious Leadership
Religious Leadership and Learning
Mission and Identity
Sydney Catholic Schools
Email: rec.accreditation@syd.catholic.edu.au

***PLEASE REFER TO THE GOLD DOCUMENT (APPENDIX 2) FOR ACADEMIC QUALIFICATIONS FOR LEVEL 1 REC. THESE ARE ALSO AVAILABLE ON RE ONLINE.**



RELIGIOUS EDUCATION COORDINATOR

REQUEST FOR CLASSIFICATION/ RECLASSIFICATION LEVEL I/II

A. (Please Tick one only)

- Request prior to application*** **Request for reclassification**
 Request at time of appointment

**Request for Classification may be forwarded to the Specialist: Religious Leadership prior to application.
Alternatively, it must be included with application.*

B.

Title: _____ **Surname:** _____ **Pin No:** _____
Christian Name: _____ **Preferred Name:** _____

C. CURRENT SCHOOL/POSITION

School Name: _____ **DEST:** _____
Address: _____ **Postcode:** _____
Position: _____

D.

Teacher Classification: _____

E.

Qualifications: *(Please attach certified copies of transcripts showing all RE studies completed.)*

- (1) Teaching (e.g. BEd) _____
(2) RE (e.g. Grad Dip RE) _____

MISSION & IDENTITY USE

Level: _____ **Signed:** _____
Director of Mission & Identity

PEOPLE & CULTURE USE

To be forwarded to P&C when requesting reclassification for current RECs

Allowance: _____ **Gross per annum Checked**

by: _____
Education Officer, REC Appts (P&C)

Date Payroll Advised: _____

**DISTRIBUTION: ORIGINAL WITH TRANSCRIPTS TO BE EMAILED TO THE RE ACCREDITATION TEAM
via ree.accreditation@syd.catholic.edu.au**