APPENDIX 1

**Diocese of Sandhurst**

**Catholic Education Sandhurst Ltd**

**Pro Forma for Approval of Personnel External to the Diocese**

1. **Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Title** |  | **Surname** |  | **Christian Names** |
|  |  |  |  |  |
| **Postal Address** |  |
|  |  |  |  |  |
| Layperson |  | Priest  |  | Religious |  | Diocese/Order |  |

|  |  |
| --- | --- |
| Area of Expertise and short biography (Qualifications and Experience) |  |

1. **Seminar or Talk Details**

|  |  |
| --- | --- |
| Title of Talk/Seminar |  |

|  |  |
| --- | --- |
| Nature and/or Method of Seminar |  |

|  |  |
| --- | --- |
| Target Group/Participants |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date/s |  | Venue |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For approval for hours towards ***Accreditation to Teach in a Catholic School*** | Yes |  | No |  |

|  |
| --- |
| Please give further details to support your application |
| [insert text] |

1. **Sponsoring Body/Applicant**

|  |  |
| --- | --- |
| Name of Principal/Religious Education Leader or Director of Catholic Identity  |  |

|  |  |
| --- | --- |
| School/Centre Name & Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please submit completed form to accreditation\_ces@ceosand.catholic.edu.au

For Catholic Education Office use only:

Endorsed by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
|  |  |  |  |
| **Signature:** |  |  |  |

Approved by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
|  |  |  |  |
| **Signature:** |  |  |  |