**Armidale Diocese CSO Clusters Placement Assistance Form**

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| **Teacher Education Student - Personal Information** | | | | | | | | | | | | | | |
| **UNE ID Number:** |  | | | | | | **Date of Birth:** | | | | |  | | |
| **Name:** |  | | | |  | | | | |  | | | | |
|  | **Title** | **Given Name(s)** | | | | | **Surname** | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | |
| **Suburb:** |  | | | | | **State:** | | | | | | | **Postcode:** | |
| **UNE Email Address:** |  | | | | | **Contact Phone No:** | | | | | | |  | |
| ***I have completed the following Mandatory Certificates and attached/uploaded them to*** [**In-Place**](https://inplace.une.edu.au/Security/Account.mvc/LogOnFederation?ReturnUrl=%2fdefault.aspx) ***for verification.*** | | | | | | | | | | | | | | |
| **NSW Working with Children (WWC) No:** | | | |  | | | | | **Expiry Date:** | | | | |  |
| **Interstate WWC No.** (or equivalent)**:** | | | |  | | | | | **Expiry Date:** | | | | |  |
| **DEC Child Protection Certificate** | | | | **ASCIA Anaphylaxis Certificate** | | | | | **Expiry Date:** | | | | |  |
| **THIS IS MY FINAL PROFESSIONAL EXPERIENCE PLACEMENT:**  **I have passed the Literacy and Numeracy Test:**  **My WWC number is for paid employment** (not volunteer work): | | | | | | | | | | | | | | |
| **\*\*\* DO NOT submit ‘Placement Assistance Form’ via AskUNE if any of the required mandatory certificates**  **are not current and attached/uploaded and visible on** [**In-Place**](https://inplace.une.edu.au/Security/Account.mvc/LogOnFederation?ReturnUrl=%2fdefault.aspx) **\*\*\*** | | | | | | | | | | | | | | |
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| **UNE Enrolment Information** | | | | | | | | | | | | | | |
| **Study Mode:** | | | **On-Campus** | | | | | **Online** | | | | | | |
| **Course Name:** | | |  | | | | | | | | | | | |
| **Professional Experience Unit:**  (e.g. EDLT302 or EDSP324) | | |  | | | **Trimester:** | | | | | **1**  **2**  **3** | | | |
| **IMPORTANT:** You are required to submit a form for each PrEx unit **i.e. two PrEx units, two forms.** | | | | | | | | | | | | | | |

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| **Previous Professional Experience Placement/s** (if applicable) | | | | |
| **School, Centre or Agency** | **Subject Area/ Year Group**  e.g. Science (Chemistry) / Years 5 & 6 / | **Result**  (e.g. SR) | **Total Days** | **Year**  **completed** |
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| **Placement dates and Subject Area / Year Group** | | | |
| **Cluster(s)**  Select the High School Cluster  OR  1 to 4 Primary Clusters | **Preferred placement dates**  Complete a separate Placement Assistance form for each placement | **Subject Area / Year group**  e.g. Science (Chemistry) Years 5 & 6 | **Placement cannot take place in these Schools due to a Conflict of Interest**  (Attach supporting documentation) |
| High School Cluster  Armidale Primary Cluster  Tamworth Primary Cluster  Northern Primary Cluster  Western Primary Cluster | Commencing April 29th  Commencing August 12th  Commencing November 4th |  |  |

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| **Teacher Education Student’s Declaration**   * I understand I may not receive the class or stage I have requested for a primary school placement. * I understand I cannot submit my Placement Form without a valid WWC Number, ASCIA Anaphylaxis or DEC Child Protection Certificate and will provide copies to the OPL. * **I understand I cannot commence my placement unless I have received my ‘Confirmation of Placement’ email from the OPL. Commencing my Placement before receiving my confirmation letter, means the entire placement is invalid.** * I have already declared to the OPL any Conflict of Interest (e.g. family, children or close friends etc.) employed, engaged or enrolled at the placement preference/s above. * **I will access the Moodle PREXUS site and familiarise myself with the relevant Specific Professional Experience Placement Requirements before I engage with a school, centre or agency where my placement has been confirmed.** * For communication purposes, I authorise the sharing of my relevant personal information, including but not limited to my: name, student number, UNE email address, phone contacts, Date of Birth and WWCC information, with my placement Supervisor and/or staff at the directorate, school, centre or agency where I have requested/confirmed a placement. * **I understand when the OPL approaches schools, centres or agencies for a placement on my behalf, it may be a lengthy process.** * I understand I cannot commence my final professional experience placement until I have obtained a Working with Children number for paid employment **and** passed the Literacy and Numeracy Testing. * **I am aware that I may be placed in any school within the nominated cluster(s).** | | | |
| **My signature verifies all details provided on this placement form to be true and correct.** |  |  |  |
| **TES’s signature** | **TES UNE ID Number** | **Date** |
| **Please return all placement forms to the OPL via AskUNE.**  Due dates for placement forms: **Trimester 1 - February 22, Trimester 2 - April 29 and Trimester 3 - July 8.** | | | |