

Independent Primary School Heads of Australia Ltd. ACN 059 221 877 ABN 31 059 221 877

FEDERAL

Application Form for Acting Heads (Observer Status) To be completed by Acting Heads of Primary or Middle School							
APPLICANT - GENERAL INFORMATION							
Title:	Surname:		Given Name:				
Position Held:				Phone:			
Email:				Mobile:			
QUALIFICATIONS (Please list degrees, diplomas, certificates etc)							
EMPLOYMENT HISTORY (Schools & Institutions/positions held/date commenced & concluded)							
MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS							
APPLICANT'S SCHOOL - GENERAL INFORMATION							
School Name:				Description:			
School Postal A	ddress:			1			
Suburb/Town:		State:			Postcode:		
School Street A	ddress: (if different from above)						
Suburb/Town:		State:			Postcode:		
Fax:		Website URL:					
Name of previous IPSHA member in the role (if applicable):							



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ADDITIONAL SCHOOL INFORMATION							
(regarding section/campus of school for which applicant is responsible)							
Grade Range:	Points of Entry:						
Enrolment Pattern: (eg Co-ed from P-3 then girls only)	Total Students: Number Boys:		Number Girls:				
Enrolment Enquiries: (position title rather than name of person)							
Senior School: (if school is part of a K-12 school, please provide the name of the Head of the school, and address if different to above)							
NOMINATOR INFORMATION							
Nominator's Name:							
School:							
Position Held:							
Date:	Signature:						
Statement by School Principal (K-12) or Chairman of the School Board (standalone primary school)							
I understand that IPSHA Ltd is an association providing networks, informed views and professional development opportunities for its members and Acting Heads. I support the application of for Observer Status and in doing so will facilitate attendance at IPSHA events as held from time to time.							
Name:	Position:						
Date:	Signature:						
TERMS AND CONDITIONS, PRIVACY & CONSENT							
I agree to be bound by the terms and conditions of IPSHA's Constitution and Rules, and agree to abide by and uphold the IPSHA Code of Conduct. In addition, my current teacher registration as legislated in my state or territory serves as confirmation that I hold a current Working with Children Certificate.							
I acknowledge that Observer Status is only accorded to Acting Heads until a permanent appointment is made or until the end of the current school year, whichever takes place earlier. Acting Heads are ineligible to vote and speak at meetings or hold office of any kind. In addition, Acting Heads are invited to attend IPSHA events but are required to pay all costs associated with such involvement as required.							
I consent to IPSHA using any photographs taken of me from time to time during IPSHA events that may appear in IPSHA promotional material.							
I consent to information contained in this application being supplied to the relevant State Branch Archivist for the purposes of updating and maintaining IPSHA state archives.							
Date:	Signature:						