

**Transfer of Membership – to be completed by person in charge of Primary or Middle School**
**MEMBER - GENERAL INFORMATION**

Title:	Surname:	Given Name:
Position in commencing School:		Phone:
Email:		Mobile:
Name of departing school:		
Date:	Signature:	

**COMMENCING SCHOOL - GENERAL INFORMATION**

School Name:	Description:	
School Postal Address:		
Suburb/Town:	State:	Postcode:
School Street Address: <i>(if different from above)</i>		
Suburb/Town:	State:	Postcode:
Fax:	Website URL:	

**ADDITIONAL SCHOOL INFORMATION**
*(regarding section/campus of school for which applicant is responsible)*

Grade Range:	Points of Entry:		
Enrolment Pattern: <i>(eg Co-ed from P-3 then girls only)</i>	Total Students:	Number Boys:	Number Girls:
Enrolment Enquiries: <i>(position title rather than name of person)</i>			
Senior School: <i>(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)</i>			

**Statement by School Principal (K-12) or Chairman of the School Board (stand alone primary school)**

I am aware that \_\_\_\_\_ has requested a transfer of membership with IPSHA Ltd. I am happy to offer my support for this transfer of membership and welcome his/her involvement in IPSHA Ltd.

Name:	Position:
Date:	Signature:

**PRIVACY & CONSENT**

I agree to be bound by the terms and conditions of IPSHA membership as outlined in 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 consent to IPSHA using an image of me on the website in the Members' Directory. I also consent to this image, as well as others that are taken of me from time to time during Federal and State IPSHA events, to appear in IPSHA promotional material, both in hard and soft copy, as well as on the website – including the bi-annual Federal eLink publications.

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: