### Application for a waiver of Appendix B of the NESA Professional Experience Policy

### *Minimum professional experience requirements for conditionally accredited teachers undertaking approved programs*

Providers may apply to seek a waiver where final year teacher education students, who have been granted conditional accreditation, are **currently employed** to teach in a particular school and in accordance with Appendix B would be expected to undertake the placement at another school. This waiver may be applied if a **conditionally accredited** teacher education student’s school supports their retention in the interests of curriculum continuity given the disruptive circumstances experienced by many schools and the following conditions are consistently applied:

1. *That the conditionally accredited ITE students in question have undertaken a satisfactory placement* ***in at least one other school*** *prior to the current school location (to meet the placement in two school’s requirement)*
2. *That the Principal or delegate of the school in question supports the retention of the conditionally accredited ITE student in the interests of curriculum continuity especially in crucial teaching areas, geographic isolation, or casual teacher shortages*
3. *That ITE providers and schools provide an assurance that the existing principles and practices of* ***independent and impartial assessment*** *of the Conditionally Accredited ITE student on their placement will be maintained and*
4. *That conditionally accredited ITE students will be expected to meet all the requirements of their Teaching Performance Assessment in the school at which they are employed.*

Any application for a waiver of Appendix B of the NESA Professional Experience Policy must be submitted to NESA for approval prior to the professional experience placement at ite@nesa.nsw.edu.au.

### Application for a waiver of Appendix B of the NESA Professional Experience Policy

***Name of Teacher Education Student:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Placement School where conditionally accredited teacher education student is employed:***
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*Principal’s Affirmation*

I agree that:

* *as the Principal I support the retention of the conditionally accredited ITE student in the interests of curriculum continuity*
* *the existing principles and practices of independent and impartial assessment of the conditionally accredited teacher education student on their placement will be maintained and*
* *that the conditionally accredited teacher education student will be expected to meet all the requirements of their Teaching Performance Assessment.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*School Professional Experience Coordinator*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PEX Coordinator’s Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Initial Teacher Education Provider Affirmation:***

ITE Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Director of Professional Experience’s Affirmation*

I agree that:

* *the conditionally accredited teacher education student has undertaken a satisfactory placement in at least one other school prior to the current school*
* *the existing principles and practices of independent and impartial assessment of the conditionally accredited teacher education student on their placement will be maintained and*
* *that the conditionally accredited teacher education student will be expected to meet all the requirements of their Teaching Performance Assessment.*

*Director of Professional Experience*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Professional Experience’s Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_