

## Pre-service Teacher Acknowledgement

Please read and sign this **Pre-service teacher acknowledgement** to confirm completion of your mandatory registration and training requirements for a professional experience placement in a NSW public school. Copies of your completion certificates from the eLearning modules will need to be sighted by the school on or before the first day of each professional experience placement.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Placement school: \_\_\_\_\_

Placement start date: \_\_\_\_\_ Placement end date: \_\_\_\_\_

I acknowledge that I have a valid Working with Children Check (WWCC):

My WWCC number is: \_\_\_\_\_ WWCC expiry date: \_\_\_\_\_

Note - A paid employment WWCC (number ends with an E) is required if on an internship.

I acknowledge that I have completed and submitted the NSW Department of Education's [Pre-service Teacher Registration](#)\* online form and I will present my photo ID on the first day of every professional experience placement.

\*If the previous Tertiary Practicum Student Application Form was completed, there is no need to complete the new PST Registration Form.

I acknowledge that I have completed the following eLearning compliance modules and have certificates of completion available as proof:

- Child Protection Awareness Training (CPAT)
- Child Protection Update (for the current year)
- ASCIA Anaphylaxis e-training (updated every 2 years)

I acknowledge that I have read and understood the NSW Department of Education's [Code of Conduct policy](#) and the [vaccination guidelines](#).

I acknowledge that my access to the department's portal will be limited at the end of each placement. Access to school resources will be de-activated, and saved documents and emails will be deleted.

\_\_\_\_\_  
Signature of pre-service teacher

\_\_\_\_\_  
Date

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### School to complete

I confirm that the above pre-service teacher has demonstrated the correct use of an EpiPen and/or Anapen training device at the school.

Name of principal  
or school delegate: \_\_\_\_\_

Signature of principal  
or school delegate: \_\_\_\_\_ Date: \_\_\_\_\_