**INFORMATION FOR COMPLETION OF EXEMPTION REQUEST**

If you are seeking exemption from any of the professional experience components of your course you will need to provide ALL the following details to facilitate prompt resolution of your request.

**Please note exemption can only be granted if your teaching has been at least 80% load for at least one full school term (and in your curriculum area, if secondary)**

**NO exemptions are granted for the Bachelor of Teaching (Birth - 5 years)/ Bachelor of Education (Birth - 5 years) – Distance Education**

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| **Personal Details** |  |
| **Name**  |  |
| **Student Number** |  |
| **Course Name** |  | **Prof Exp Subject Code** | EPT\_ \_ \_ |
| **Curriculum Area Specialisation (if secondary)** |
| **Site Details** |  |
| **Name of School** |  |
| **School Address** |  |
| **Name of Principal or Headmaster or****Headmistress (as appropriate)** | ***Please Note*** *I will contact the principal to request an exemption of your teaching.* |
| **Principal’s etc email address** |  |
| **If Primary, provide details of classes/stages taught** |  |
| **If Secondary – details of subject(s) taught, year levels in what faculty** |  |
| **Duration of teaching- how much teaching have you completed (days or weeks or years)** |  |
| **If you have taught in more than one context, please include all the details as listed above for the second context- name of school, Principal** |  |

This information should be emailed to:

Dr Marilyn Pietsch, mpietsch@csu.edu.au, Director, Professional Experience

The personal information you provide on this form is protected by the ***Privacy & Personal Information Protection Act 1998 (NSW).*** The information that you provide will only be used for the purposes of assessment of your teaching competence and will be used for no other purpose unless you give permission for such use.

If you are dissatisfied with the manner in which we have handled your personal information you may apply for the matter to be reviewed by lodging a formal application with the University Secretary – address below. A fee is payable for such a review.

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| The University SecretaryCharles Sturt UniversityThe GrangeBATHURST. 2795 | **Office Use Only:**School Name:…………………………………………………………….School contacted………………….(date)………………………………(by Whom)Student contacted…………………(date) ………………………………(by Whom) |