



## Queensland Educational Leadership Program

# Letter of Support & Consent Form

This document must accompany the EOI & Consent Form

submitted to [QELP.EC@qed.qld.gov.au](mailto:QELP.EC@qed.qld.gov.au)

20 May 2026

Dear authorised representative of the Approved Provider

### Introduction to the Letter of Support and Consent Form (attached) for QELP

Your educational leader is seeking your consent to apply for the Queensland Educational Leadership Program (QELP/the Program).

This letter is to inform you about the expression of interest process and requirements, and how the Department of Education (department/DoE) will use, record and disclose personal information of individuals, in relation to the QELP. For your educational leader to be able to submit a valid expression of interest application, it must be accompanied by a Letter of Support completed and signed by their employer. Information about the Letter of Support and eligibility requirements is available at our website <https://earlychildhood.gov.au/careers/incentives-and-subsidies/qelp>.

QELP is a free, enriching on-line program providing educational leaders employed in a Queensland-based long day care service or community kindergarten that is an approved kindergarten program (operated by an Approved Provider organisation). QELP supports educational leaders to:

- strengthen their leadership skills and facilitate team teaching
- understand, identify, drive and implement quality practice
- use data and evidence to support practice change
- understand and implement strategies to support children's continuity of early learning.

The program is delivered online and requires a time commitment by the participant of 50 hours spread over 10 weeks (a school term) in the form of two courses:

- Foundations (for educational leaders with up to 3 years' experience)
- Advanced (for educational leaders with 3+ years' experience).

Detailed course information is available at: <https://earlychildhood.gov.au/careers/incentives-and-subsidies/qelp>

If your educational leader secures a place in the QELP course, they will require the following support from your organisation:

1. **Provide time.** Educational leaders need to attend all seminars and workshops and complete the end of course assessment tasks. Please take the time to review the information about class dates and the assessment tasks that are outlined on the QELP website. To support your educational leader, you may need to consider changes to staff rostering arrangements and confirm how they will find the time to undertake this course. The department will pay a nominal backfill contribution payment to employers of participants who successfully complete the Program (see details below).
2. **Support to implement their learning.** QELP students will be immersed in contemporary theories and practice. You have a role to support them to apply their newfound skills and implement these learnings in your early childhood service. You should encourage them to:
  - Share their learnings in staff meetings and coaching/mentoring sessions with fellow educators and teachers.
  - Implement new ideas and teaching practices through a change management strategy that is co-designed with all staff at your service.



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- Continue to network with other educational leaders they met through the QELP course including other educational leaders at other early childhood services.

### **Backfill contribution payment to employers**

The department will pay a nominal contribution (valued at \$1,000 GST exclusive) to Approved Providers to support the release of their educational leader taking time away from the workplace to complete the QELP course. This amount is a nominal contribution towards backfilling the educational leader's role for approximately 2 days, but is not intended to match an educational leader's actual salary rate.

Your organisation can use this backfill contribution in any way that supports this to occur.

The department will contact you to request an invoice regarding the backfill contribution payment once the QELP course has commenced. The amount is payable upon successful completion of the QELP course by your educational leader.

### **Collection of personal information - purpose of the consent**

This Letter of Support and Consent Form relates to the Program which is organised by the department. The department has engaged Queensland University of Technology (QUT) to deliver QELP via its Learning Management System (an online platform service).

The department is collecting information about your organisation in the attached Consent Form to facilitate, organise and administer the Program including verifying your educational leader's eligibility to participate, as well as the processing of the backfill contribution payment to your organisation. The information may include personal information of your staff such as your educational leader, your authorised representative and/or nominated supervisor:

- Educational leader full name
- Approved Provider number, Service ID number and Service name
- Name, position title, and signature of authorised representative of your organisation
- Name, work email address and phone number of nominated supervisor.

Your provision of the above information will enable the department to contact you as required regarding your educational leader's participation in the QELP course; as well as the processing of the backfill contribution payment.

For full details of the purposes of the consent, please refer to section 2B of the Letter of Support and Consent Form.

### **Voluntary consent**

It is your choice whether to give consent to the collection of the above information. If your organisation chooses not to consent, the educational leader will not be able to submit a valid EOI application and will not be able to participate in QELP.



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### Consent duration

The consent is ongoing unless you decide to withdraw your consent. Continuation of consent is necessary for the educational leader to successfully complete the QELP course and for your organisation to receive the backfill contribution payment.

If you notify the department of your withdrawal of consent, in some circumstances the department may not be able to delete or restrict use of information once disclosed to a third party.

### Who to contact

If you wish to withdraw consent, please notify the Early Childhood Workforce Team by email to [QELP.EC@qed.qld.gov.au](mailto:QELP.EC@qed.qld.gov.au). The department will confirm receipt of your request.

### In conclusion

This Letter of Support and Consent Form must accompany your educational leader's completed Expression of Interest (EOI) and Consent Form by email to [QELP.EC@qed.qld.gov.au](mailto:QELP.EC@qed.qld.gov.au).

Educational Leaders are to retain a copy of both forms for their records.

Thank you for your support. Please let the department know if you need more information by email to [QELP.EC@qed.qld.gov.au](mailto:QELP.EC@qed.qld.gov.au).

Regards

**Workforce Team, Strategy and Performance  
Early Childhood, Regulation and Communication**  
Department of Education

E: [QELP.EC@qed.qld.gov.au](mailto:QELP.EC@qed.qld.gov.au)  
PO Box 15033 | City East QLD 4002

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**Queensland  
Government**



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Dear Department of Education

I refer to the EOI and Consent Form completed by \_\_\_\_\_ (the EOI applicant) who is an educational leader at \_\_\_\_\_ (the Approved Provider/my organisation).

### 1A. THE APPROVED PROVIDER

Approved Provider Number: PR- \_\_\_\_\_

Name of Approved Provider: \_\_\_\_\_

Name and position title of Authorised representative: \_\_\_\_\_

Service Number: SE- \_\_\_\_\_ Name of Early Childhood Service: \_\_\_\_\_

### 1B. THE PERSON TO WHOM THE CONSENT RELATES

Name of Authorised Person/Nominated Supervisor: \_\_\_\_\_

Position/title: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone number : \_\_\_\_\_

I am:

the nominated supervisor of the EOI applicant and have been authorised to sign this form on behalf of the Approved Provider; OR  
an authorised person of the Approved Provider.

I confirm the Approved Provider gives permission for the educational leader to apply for QELP.

I consent to being contacted for the purpose of communicating about the backfill payment.

I confirm the Approved Provider understands its role as employer is to support the EOI applicant for their successful completion of the QELP course and implementation of their learning. The Approved Provider agrees it :

- Will support the EOI applicant to attend all seminars and workshops and complete all course assessment tasks, to the extent that is feasible.
- Will support the EOI applicant to apply their learning in their early childhood service(s) wherever appropriate and practical.
- May be contacted with a request to participate in an evaluation survey of the Program by the Queensland University of Technology and the Department of Education.



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### 2A. PERSONAL INFORMATION AND MATERIALS COVERED BY THIS CONSENT FORM

- Personal information collected, used and disclosed by DoE to your organisation/the Approved Provider – all personal information identified in sections 1A and 1B.
- Personal information collected, used and disclosed by DoE to QUT –personal information comprising your name and contact details identified in sections 1A and 1B.

### 2B. APPROVED PURPOSE

**If consent is given in section 3 below, the personal information (as detailed in section 2A):**

- (a) will be recorded, used and/or disclosed by the Department of Education (DoE) and the Queensland Government for any of the following purposes (the **approved purposes**):
  - (i) facilitation, organisation and administration of the QELP Program, including verifying your educational leader's eligibility to participate in the Program; and
  - (ii) any activities engaged in during the course of the Program, as described in the attached letter;
- (b) may be disclosed by DoE to your organisation/the Approved Provider identified in section 1A for:
  - (i) the approved purposes (above); and
  - (ii) arranging payment of the DoE's nominal monetary contribution to your organisation upon your educational leader's successful completion of the Program;
- (b) may be disclosed between DoE and the Queensland University of Technology (QUT) for the approved purposes, including contacting you/your organisation with a request to participate in an evaluation survey of the Program. Before you complete this consent form, you should ensure you understand the purposes for which this third party collects this information, what will be done with it, who else may have access to it and where the data is stored. Further information can be found on the application's and website's terms and conditions and/or privacy policies, listed below:
  - QUT privacy policy: <https://www.qut.edu.au/additional/privacy>

### 2C. TIMELINE FOR CONSENT

Consent is ongoing unless it is withdrawn as outlined in the attached letter.

**3. CONSENT AND AGREEMENT**

I am the identified person in section 1B.

I have read the introductory letter, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. By signing below, I consent to DoE recording, using and/ or disclosing the personal information identified in sections 1A and 1B, for the approved purposes and to the third parties as detailed in section 2B.

I acknowledge that I will not be paid for giving this consent nor will a payment be made to me for the use of my personal information.

Failure to consent by signing below means that DoE will not be able to process the educational leader's Expression of Interest application.

By signing, I also agree on behalf of my organisation/Approved Provider that this Letter of Support and Consent Form is a legally binding and enforceable agreement between my organization/Approved Provider, the department and the State.

**Authorised representative signature:**

**Date** DD/MM/YYYY:

**SPECIAL CIRCUMSTANCES**

In many circumstances only the above signature is necessary. However there may be special circumstances that could apply. Examples include where the form is required to be read out (whether in English or in an alternative language or dialect).

**► Statement by the person taking consent - when it is read**

I have accurately read out the Letter of Support and Consent Form to the potential consenter, and to the best of my ability made sure that the person understands that the following will be done:

- 1. the identified personal information and materials will be used in accordance with the Consent Form
- 2. reference to the identified person will be in the manner consented
- 3. in accordance with procedures DoE will cease using the identified personal information materials from the date DoE receives awritten withdrawal of consent.

I confirm that the person was given an opportunity to ask questions about the Letter of Support and Consent Form, and all the questions asked by the consenter have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of the letter has been provided to the consenter.

Print name and role of person taking the consent: .....

Signature of person taking the consent: .....

Date: .....

## PRIVACY COLLECTION NOTICE

*The Department of Education (the department), through Strategy and Performance, Early Childhood, Regulation and Communication, is collecting your personal information, including your name, position title, name of Early Childhood Service, email address, phone number, and signature.*

*The purpose of this collection is for the facilitation, organisation and administration of the Queensland Educational Leadership Program (QELP) including verifying the eligibility of an Expression of Interest application in QELP to provide your organisation (as the Approved Provider) with a backfill contribution payment, and seeking evaluation and feedback regarding QELP, as well as any activities engaged in during the course of the Program, and may be disclosed to the third parties as authorised in this form.*

*If you do not provide your personal information, we will be unable to accept your educational leader's Expression of Interest application, and make any backfill contribution payment.*

*Your personal information will be managed in accordance with the Information Privacy Act 2009 and will not be used or disclosed for another purpose without your consent or unless authorised or required by law.*

*Information about how individuals can access and amend their personal information held by the department, together with information about how individuals can make a privacy complaint is available at [https:// qed.qld.gov.au/privacy](https://qed.qld.gov.au/privacy)*