

EXCEPTIONAL CIRCUMSTANCE APPLICATION FORM

This form and documentary evidence (i.e. prior qualifications, enrolment statement and/or academic transcript) can be submitted to kindyfundings@qed.qld.gov.au.

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Service Name	
Beneficiary Number (if known)	
Entity	
Grantee Number (if known)	
Nominated contact office name and details	Name: Phone: Email:
CGB – if applicable, if not, enter N/A	
Service Type	<input type="checkbox"/> Sessional Kindergarten OR <input type="checkbox"/> Long Day Care Kindergarten Provider Kindergarten Operating days and hours:
Working towards educator’s name:	
What date did the educator commence delivery of the kindergarten program?	
Course of study	
Qualification Name:	
Qualification Code from ACECQA website :	
Institution:	
Expected completion date:	
Exceptional circumstance eligibility	
Does the educator currently hold an ACECQA approved ECEC Diploma level qualification?	
Has the educator enrolled in and completed at least 50% of an ACECQA approved ECT qualification?	

Does the educator currently hold a primary or secondary teaching qualification?	
Does the educator hold teacher's registration with QCT?	Registration number:
Is the educator currently enrolled in the Qualifications Pathways Program?	
Academic progress and study program	
What is the total number of units/ credit points required for completion of this qualification? (Total course requirements)	
How many units/ credit points have been granted as credit or Recognised Prior Learning (RPL)?	
How many units/credit points have been successfully completed (passed grade)?	
How many units/ credit points are remaining for completion?	
How many practicums are left to be completed?	
What is the total duration of the practicums still to be completed (in days)?	
Does this qualification require the LANTITE?	
How many units/credit points does the educator plan to complete each trimester/teaching period/ semester?	
Options being explored by the Approved provider/CGB (if applicable) to attract, recruit and retain an ECT:	

Authorised Officer Declaration

I, _____ have sufficient authority to represent

(AUTHORISED OFFICER OF SERVICE)

_____ and certify that (please tick):

(ORGANISATION NAME)

- The information provided in this application is true and correct and the course of study in this application is an approved ACECQA course of study to enable the working towards educator to become an appropriately qualified Early Childhood Teacher.
- This application is being submitted by an authorised representative of the Approved Provider and is **not** the educator included within this application.
- Updates on the academic progress of the educator will be provided to the department twice a year by 30 January and 17 July to maintain the approval.
- I understand that an Exceptional Circumstance does not replace general requirements relating to [waivers](#) under the Education and Care Services National Law.
- Evidence of this application and the educator's progress will be held and maintained as per record keeping requirements and produced to the Department upon request.

Signature

____/____/____
Date

