

# Short-Term Teacher Exchange Application Form

Headshot of

ONLY FULL TIME, PERMANENT EMPLOYEES WITH AT LEAST 5 YEARS WORK EXPERIENCE ARE ELIGIBLE TO APPLY. YOU MUST BE A FINANCIAL MEMBER OF THE IEU-QNT.

A fee of \$50.00 is to be paid upon lodgement of this application. This fee can be paid by cheque or money order.

The personal information collected in this application will be used for the purposes of administering the IEU-QNT's teacher exchange program with the view to effect an appropriate and compatible match for the applicant.

Important notice: Due to the uncertainty of the COVID-19 pandemic landscape, exchange processes may need to be paused if necessary. The IEU-QNT continue to follow the guidance of our federal and state governments in conjunction with relevant authorities and our partner organisations.

## Section A: Personal and school details

Full Name (as it appears on p	passport or birth o	ertificate):	
Address:			
City:	State:	Postcode:	
Home phone:		Work phone:	
School email:			
Personal email:			
Date of birth (date/month/yea	r):		
Languages spoken other than	n English:		
Emergency contact			
Contact person (in case of er	nergency):		
Relationship:			
Home phone:	N	Nobile phone:	
School details			
Name:			
Address:			
City:	State:	Postcode:	
Employer:			

Principal:						
Principal em	nail:					
School phon	ne:			Schoo	I website:	
Brief descrip	otion of	the school (	grades, pro	ograms	, population):	
Approximate	e numb	er of studen	ts:		Approximate number of staff:	
Current teac	hing a	ssignment:				
Professional	l qualifi	cations (pla	ce, date, de	egree):		
Brief descrip	otion of	your comm	unity (popu	lation, l	location, points of interest):	

# **Section B: Exchange information**

What is the special e	ducational interest/s	you wish to explore?
What are vour perso	nal habbias and into	vooto?
What are your perso		rests?
Do you have pets?	Numb	er and type:
Do you mind if your	exchange partner ha	s nets?
Accommodation (	details for billetin	g
I understand that a be and, perhaps, partner		must be available for billeting my exchange partner
Type of housing:		
Number of rooms:		Number of bedrooms:
The following people r		
Diotonos of homo fra-	a achael:	
Distance of home from		
Will you transport your	r exchange partner to	and from school?

## **Additional Information**

Special needs (allergies, dietary requirements, boarding assistance, limited mobility):							
Preference: pl	Preference: please tick box / boxes						
Male		Female		No preference			
Nonsmoker		Smoker		No preference			
No pets		Pets		No preference			
I would like to be	ring my spo	ouse with me	on exchan	ge. Yes No	N/A		
I would be able	to accomm	odate the spo	ouse of my	visiting teacher. Yes	No 🔲		

## **Section C: Summary sheet**

; ; j	Please write a 200-250 word biography for teacher exchange coordinators to e-mail to various school employers to allow a targeted approach to finding a match. Describe your current assignment, your location in Australia, and a few key details about yourself. Please use only your first name, but feel free to mention your school name so they can Google it. Avoid acronyms and jargon an overseas teacher may be unfamiliar with, particularly pertaining to programming. This personalised approach will help solicit applicants interested in your situation.						

## Section D: Release of legal action

#### Release

I understand that there are risks of loss in travel during COVID, in staying in someone's home and in hosting someone in my home. I waive my right to bring legal action against IEU-QNT, and any of their employees, or the government of the exchange country, for any loss incurred during the short-term teachers' exchange to the exchange country in 2025.

I also agree to adhere to the Code of Ethics developed by the Queensland College of Teachers.

I certify that the above information is correct to the best of my knowledge.

Signature of applicant	Date
Witness	Date

## **Section E: Travel requirements**

- I understand Australia or host countries have mandatory vaccination requirements.
   Participants are responsible for ensuring that they take the appropriate immunization precautions for their exchange destination and for international travel to and from Australia in order to participate.
- I understand vaccination or other requirements to travel or participate in the program may be subject to change. These changes could affect the participant's eligibility to participate in the program or to host.
- I understand that the IEU-QNT may require additional information to verify participant eligibility in the event of a change of vaccination, travel or other program requirements.
- I understand that participation in the program may incur additional costs due to unforeseen
  events, such as but not limited to a sudden change/cancellation of travel plans, testing costs,
  etc.
- I understand that failure to meet travel requirements may impact participation.

## **Section F: Consent to share information**

## **Consent for sharing personal contact information**

By signing below I agree to share my personal contact information (name, address, phone numbers and e-mail addresses) with other past, present and future participants in the teacher exchange program.

Accepted and agreed:		
Printed name:		
Signature:		
Date:		
Release and permiss liability	sion to use photogr	aphic image and waiver of
By signing below I agree to numbers and e-mail address		t information (name, address, phone change program.
I am the applicant for the tea	acher exchange program (	the "Exchange Teacher").
		publication of your information/image. use my likeness and/or photographic image
(IEU-QNT) the right to use the	he exchange teacher's per	<ul> <li>Queensland and Northern Territory branchesonal information in the form of gital or film) on its websites, social media</li> </ul>
employees, from any and al	Il claims and demands aris but not limited to, any and	IEU-QNT, its agents, officers and ing out of or in connection with the use of all claims for invasion of privacy,
Accepted and agreed:		
Printed name:		
Signature:		
Date:		

## Section G: Applicant signature

It is the applicant's responsibility to ensure that all of the necessary documentation is complete and that all signature and reference pages are completed and enclosed. PLEASE ENSURE THAT YOU ENTER YOUR FULL NAME AS IT APPEARS ON YOUR PASSPORT. Incomplete applications are unable to be processed.

As the majority of communication between IEU-QNT and the exchange candidates will be conducted through email, please ensure that you list reliable work and personal email adddresses.

The information contained in this application is being obtained for the purpose of participation in the short-term teacher exchange program and will be used for matching and informing exchange counterparts.

Other persons or bodies that may be provided with this information include overseas teacher exchange coordination authorities, prospective exchange counterparts and their principals. Provision of this information is voluntary and will be stored securely.

		,			
Printe	d name:				
Signa	ture:				
Date:					
Sed	ction H: Pri	ncipal approval			
As pri	ncipal of		I		
(1)	have discussed the acceptance of this exchange with the relevant Senior Leader, School Progress and Performance (BCE schools only);				
(2)	endorse the applicat	tion of			
	(teacher) to participate in the short-term teacher exchange with The Alberta Teachers' Association and attest to the suitability of this candidate for this study exchange;				
(3)	agree to accept the return teacher from Alberta in 2025 to job shadow at our school; and				
(4)	agree to advise the employing authority, if appropriate, of this exchange.				
Princi	pal's printed name:				
Signa	ture:				
Date:					