|  |  |  |
| --- | --- | --- |
| **Applicant name** | *Family Name:* |  |
| *First Name:* |  |
| **Partner**  |  |
| **Location** |  |
| **List units you are requesting approval to teach** | ***Office Use Only*** |
| **Unit Code** | **Unit Name** | **Lecturer / Tutor** | Decision |
|  |  | L [ ]  T [ ]  | Yes [ ]  No [ ]  |
|  |  | L [ ]  T [ ]  | Yes [ ]  No [ ]  |
|  |  | L [ ]  T [ ]  | Yes [ ]  No [ ]  |
|  |  | L [ ]  T [ ]  | Yes [ ]  No [ ]  |
|  |  | L [ ]  T [ ]  | Yes [ ]  No [ ]  |
|  |  | L [ ]  T [ ]  | Yes [ ]  No [ ]  |
| **Units already approved to teach***List units/s (if any) that you have received prior approval* |  |
| **List any other FedUni Partners Providers where you are teaching** *(please specify partner & units)* |  |

**Approval checklist:**

|  |  |
| --- | --- |
| Qualified to teach:  Yes [ ]      No [ ]   | Original (or certified) Qualifications attached:  Yes [ ]      No [ ]   |
| AQF level you have: | AQF level you will be teaching: |
| Referee Checks:  Yes [ ]      No [ ]   | CV Attached: Yes [ ]      No [ ]   |
| Person’s qualifications mapped to the required AQF level:Yes [ ]      No [ ]   |
| A form of identity has been verified: Yes [ ]      No [ ]   |
| *Comments:*           |
| *Approved by:* (*State your name and role)* | *Signature:*  | *Date:* |
| Approval Review Date: ….…/….…./………  |