|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: ….…/….…./……… | | |