



Sydney
Catholic
Schools

Sydney Catholic Schools

38 RENWICK STREET • PO BOX 217, LEICHHARDT 2040 • PH (02) 9569 6111 • FAX (02) 9550 0052

ENDORSEMENT: Eligibility for Reimbursement Religious Education/Theology Study

(to be completed before enrolment in each unit)

1.0 APPLICANT'S DETAILS

Title: _____ Name: _____ Surname: _____

Email address: _____

Name of School: _____ School Suburb: _____

Commencement DATE of PERMANENT employment with SCS: *(dd/mm/yyyy)* _____

Date of ACCREDITATION as a teacher of Religious Education: *(if applicable) (dd/mm/yyyy)* _____

2.0 PROPOSED ENROLMENT DETAILS

Institution: _____

Course: _____

Unit Code: _____ Unit Title: _____

Mode of Delivery *(please tick)*: Face to face Online Other, *please specify:* _____

Tuition Fee: _____ Semester: _____ Year: _____

(Summer Intnsv/Sem 1/Winter Intnsv/Sem 2/Spring Intnsv)

Unit Code: _____ Unit Title: _____

Mode of Delivery *(please tick)*: Face to face Online Other, *please specify:* _____

Tuition Fee: _____ Semester: _____ Year: _____

Please indicate the number of units you need to complete for the whole program (i.e. in total): _____

Please indicate the number of units you have already completed and/or are in the process of completing: _____

I understand that only specified units in Religious Education/Theology are eligible for reimbursement.

Signature of Applicant: _____ Date: _____

3. PRINCIPAL'S DECLARATION

I confirm that the applicant (named above) is permanently employed and I fully support this submission.

Principal's/Director's Name (Block Letters): _____ Principal's/Director's Signature: _____ Date: _____

Office Use Only – AUTHORISATION

Approval: _____
(Director of Mission and Identity)

Date: _____

mit-endo-022020

Please EMAIL completed form to ree.accreditation@syd.catholic.edu.au Prior to Enrolment