DARLING DOWNS SCHOOL SPORT									
2025 OFFICIAL APPLICATION FORM									
Surname				Given N	lame				
Home Address				<b>.</b>		1		Postcod	e
School									,
Telephone Number	School				Mobile				
Email Address									
POSITION [circle]	Coach		Manager			Trainer		Convenor	
SPORT				Age Divisi	on	Ge		nder	
Preferences: Applicants	may state	preferences fo	or particula	ar position:	s where	multiple appli	ications	have be	en lodged or a
preference to work with	n another a	applicant. [Use	a separate	e form for	each pos	sition being ap	plied fo	or.]	
EXPERIENCE									
NB: Your official application will only be accepted on submission of both the application form and a completed transfer of duties form.									
All documentation of qualifications (i.e., coaching qualification, first aid certificates) should be attached to the transfer of duty section.									
Training details are not required to be completed in this application.									
Applications must be endorsed by your principal / line manager.									



# **Transfer of Duty**

### **REGIONAL SCHOOL SPORT OFFICE**

Distribute application form to interested stakeholders

### **OFFICIAL**

- Complete Section 1 and 2 of the Transfer of Duty document with all required information
- Attach copies of all relevant registrations and qualifications to the document
- Read the Department of Education's:
  - o Code of Conduct
  - Standards of Practice
  - Use of mobile devises procedures
  - o Information privacy and right to information procedure
  - Human Rights Guide—Nature and scope of the rights
- If you are a non-state school employee or volunteer, you must also:
  - o Read & complete the Key Messages guide for contractors, volunteers and visitors
  - Complete, sign and return the following documents to the Queensland Representative School Sport Unit together with the application for Transfer of Duty Form:
    - the <u>Declaration</u>; and
    - the Confidentiality and Privacy Deed Poll (for non-state school staff).
- Complete, sign and date the application for a team official position and Transfer of Duty
- Provide your Principal with the:
  - fully completed application for Transfer of Duty
  - o Signed Declaration and Confidentiality and Privacy Deed Poll (for non-state school staff).
  - copies of all relevant registrations and qualification you have listed on the document.
- Forward all forms and documentation to the Regional School Sport Office following Principal approval.

### **PRINCIPAL**

- Review the fully completed and signed application for Transfer of Duty
- Confirm any registrations & qualifications are current for the dates of the event (via school records or copies attached by applicant)
- If the applicant has your approval to participate in the events listed as part of the representative school sport program, please complete, sign & date the application
- Return the signed Declaration and Confidentiality and Privacy Deed Poll (for non-state school staff) and team official application and Transfer of Duty document to the applicant (you may wish to keep a copy for your records)

### REGIONAL SCHOOL SPORT OFFICE

- Check receipt of Transfer of Duty form and Deed of Confidentiality (for non-state school staff) on the Team
  Officials Track Sheet.
- Establish appropriate practices to ensure the safe collection and storage of approved Transfer of Duty documents (and any attachments) that are aligned to regional requirements and approved by your Director Regional Service / Teaching and Learning.





### **SECTION 1: Official details and application**

(To be completed by the official)

Personal Details:							
Surname	Given Names		Employe	e Number			
Name of School/Organisation:		State School / No	on-state Sc	chool			
Current role:							
Teaching Role (e.g., classroom teacher	/HOD/	Queensland Coll	ege of Tea	chers Registration Number &			
Deputy Principal)		Expiry Date					
	No:		Expiry:				
Non-Teaching Role (e.g., Administration	n Officer)	Blue Card Number and Expiry Date (must be linked to					
		school)					
		No: Expiry:					
Official role:		Sport:					
Coaching Qualification (including level	/ number / exp	iry) – Coaches & A	Assistant C	oaches			
Level:	No:		Expiry:				
First Aid / CPR Qualification (including	level / number	/ expiry) – All Tea	m Officials	5			
First Aid Qual:	No:		Expiry:				
CPR Qual:	No:		Expiry:				
Sports Trainer Qualification (including	level / number	/ expiry) – Traine	rs				
Level:	No:		Expiry:				
Application							
$\square$ I apply for transfer of duty which ma	ay require an al	osence from my n	ormal duti	es for the days as listed in			
Section 2 (Competition Details) of this form in order to carry out my official duties in connection with this activity.							
☐ I apply for approval to use my personal mobile phone for communicating with team members and							
parents/carers (as per <u>Standard of Practice, Feb 2016</u> ) in order to carry out my official duties in connection with							
this activity.							
☐ I have provided my Principal with evidence of all qualifications as listed above for their reference.							
☐ I have read, understood and agree to meet my obligations in accordance with the Department of Education's							
☐ Code of Conduct;							
Standards of Practice;							
☐ Privacy Policy and Procedure;							
☐ Guide to Human Rights;							
☐ <u>Use of mobile devices proc</u>	edures.						
$\square$ I have read, understood and comple	ted the Depart	ment of Education	n's <mark>Key M</mark> e	essages guide(Non-State School			
employees and volunteers ONLY). I have submitted a signed copy of the Declaration in the Key Messages Guide							
and the Confidentiality and Privacy Deed Poll to the South West Representative School Sport Office.							
$\square$ I agree to notify the Representative School Sport Office should the conditions of my employment change for							
the days and dates listed in Section 2 of this form (e.g. leave).							
Full name (please print)							
Signature		Date					



Host (Region/District/School)

# Championship / Event Details: Sport Official Position Championship / Event name

Venue and address

Competition Details						
Travel Day /Date	Times	Details (From – To)	TRS required (Yes/No / N/A)			
			Choose an item.			
Competition Days & Dates	Times	Details	TRS required (Yes/No / N/A)			

SECTION 2B Training Details – To be completed after appointment

Competition Details					
Training Days &	Times	Details			
Dates					



# SECTION 3 <u>Principal Approval for Transfer of Duty:</u> (To be completed by the School Principal)

As the Princ	cinal of				(school)			
I confirm that the staff member listed in Section 1:								
In my profe	essional opinion:				Yes	No	N/A	
has the cap	has the capacity to undertake the official role to which they are applying for.							
has valid Queensland College of Teachers Registration (teachers) that will remain								
	the duration of the event.							
	has valid Blue Card registration (non-teachers) that is linked to the school portal and will remain current for the duration of the event.							
	eted all required Student Pro		Mand	atory Training and this will				
remain cur	rent for the duration of the	event.						
	d / CPR Qualifications as list		n 1 of t	his form and they will				
	rent for the duration of the							
has Coaching Qualifications as listed in Section 1 of this form and they will remain								
current for the duration of the event.  has Sport Trainer Qualifications as listed in Section 1 of this form and they will remain								
current for the duration of the event.						_		
As the Principal:						Yes	No	
I approve the team official application & transfer of duty for the above-mentioned								
	applicant for the dates and times listed on this document to enable them to complete							
their official duties in connection with this activity (if successful):								
I approve the use of their personal mobile phone for communicating with team								
members (students) and parents/carers as per <u>Standard of Practice, Feb 2016</u> to enable								
them to complete their official duties in connection with this activity (if successful):								
Driveinal / Daf Line Manager								
Approval	Principal / DoE Line Manager							
Name (please print)								
Trame (piec	ise printy			School:				
Signature				Date				
Applicant to return to:  Regional School Sport Office								
Name Georgina Crothers Email georgina.crothers@ged.qld.gov.au								
Nume	1 Scorgina Crothers	Lillali	goorgina.orouriers@qeu.qiu.guv.au					



