

Queensland Representative School Sport Team Official Transfer of Duty Form

Workflow:

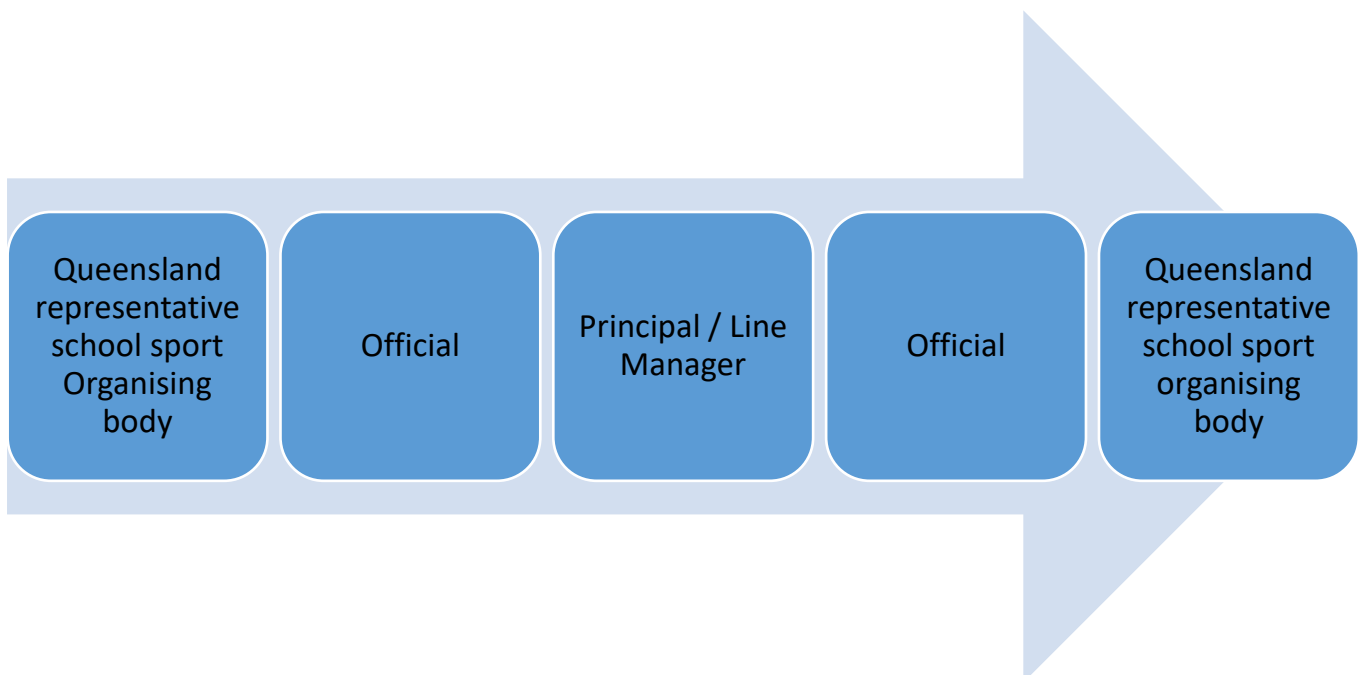


Image 1: Overview of workflow



Official

- Complete Sections 1 and 2 of the Transfer of Duty document with all required information
- Attach copies of all required registrations and qualifications to the document
- Read the Department of Education's:
 - [Code of Conduct](#)
 - [Standard of Practice](#)
 - [Use of mobile devices procedures](#)
 - [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**:
 - Read & complete the [Key Messages guide for contractors, volunteers and visitors](#)
 - Complete, sign and return the following documents to the responsible officer at that level of the pathway with the application for Transfer of Duty Form:
 - the [Declaration](#); and
 - the Confidentiality and Privacy Deed Poll (for non-state school staff) proposed implementation Term 2.
- Complete and date the application for Transfer of Duty (do not use the 'fill and sign' function)
- Provide your Principal with the:
 - fully completed application for Transfer of Duty
 - 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 responsible officer at that level of the pathway following Principal approval.

Principal

- Review the fully completed application for Transfer of Duty
- Confirm any registrations and 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 and date the application using the 'fill and sign' function
- Return the signed Declaration and Confidentiality and Privacy Deed Poll (for non-state school staff) proposed implementation Term 2 to the applicant (you may wish to keep a copy for your records)

Queensland Representative School Sport Unit

- Check receipt of Transfer of Duty form and Deed of Confidentiality (for non-state school staff) on the Team Officials Tracking Sheet.
- Establish appropriate practices to ensure the safe collection and storage of approved Transfer of Duty documents (and any attachments) that are aligned to Department of Education – State Schools Operations requirements and approved by Director School Sport.



SECTION 1: Official details and application*(To be completed by the Official)*

Official's Personal Details		
Surname	Given Names	Employee Number
Name of School/Organisation: State School / Non-state School		
Current role:		
Teaching Role (e.g. classroom teacher / HOD/ Deputy Principal)	Queensland College of Teachers Registration Number & Expiry Date	
	No:	Expiry:
Non-Teaching Role (e.g. Administration Officer)	Blue Card Number and Expiry Date	
	No:	Expiry:
Official role to which you have been appointed:		
Choose an item.		
Coaching Qualification (including Level / number / expiry) – Coaches & Assistant Coaches		
Level:	No:	Expiry:
First Aid / CPR Qualification (including Level / number / expiry) – All Officials		
First Aid:	No:	Expiry:
CPR:	No:	Expiry:
Sports Trainer Qualification (including Level / number / expiry) – Trainers		
Level:	No:	Expiry:
Application		
<input type="checkbox"/> I apply for transfer of duty requiring an absence from my normal duties for the days as listed in Section 2 (Training and Competition details) of this form in order to carry out my official duties in connection with this activity.		
<input type="checkbox"/> I apply for approval to use my personal mobile phone for communicating with team members and their parents (as per Standard of Practice, Feb 2016) in order to carry out my official duties in connection with this activity.		
<input type="checkbox"/> I have provided my Principal with a copy of all qualifications as listed above for their reference.		
<input type="checkbox"/> I have read, understood and agree to meet my obligations in accordance with the Department of Education's:		
<input type="checkbox"/> Code of Conduct;		
<input type="checkbox"/> Standards of Practice;		
<input type="checkbox"/> Privacy Policy and Procedure;		
<input type="checkbox"/> Guide to Human Rights;		
<input type="checkbox"/> Use of mobile devices procedures.		
<input type="checkbox"/> I have read, understood and completed the Department of Education's Key Messages Guide 2023 (Non-State School employees and volunteers ONLY). I have submitted a signed copy of the Declaration in the Key Messages Guide 2023 and the Confidentiality and Privacy Deed Poll to the responsible officer at that level of the pathway.		
<input type="checkbox"/> I agree to notify the Representative School Sport Office at the appropriate level 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)	Date	Initials



SECTION 2: Training/Competition details

(To be completed by official in consultation with QRSS Officer responsible at that level)

Championship/Event Details	
Team Name	
Official's position	
Championship/Event name	
Host (District/Region / QRSS-SO/ SSA Member Body or Organisation)	Venue and address

Competition details				
<i>If required and where known prior to district and regional selections please indicate training information. If training information is not known prior to selections, page 5 will be completed after selections take place and further approval will be required by the Principal.</i>				
Travel Days & Dates (if required)	Times	Details (From – To)	TRS provided (Yes/No/N/A)	TRS available through (Region/QRSS/Sport Executive/ no reimbursement)
Competition Days & Dates	Times	Details	TRS provided (Yes/No/N/A)	TRS available through (Region/QRSS/Sport Executive / no reimbursement)
25 March 2023	8-4pm	Regional Trial	NA	NA
5 – 8 May 2023	8-4pm	State Champs	Yes	Region
29-4 August 2023	8-4pm	National Champs	Yes	QRSS

Training Details				
Travel Day & Date	Times	Details (From-To)	TRS provided (Yes/No/N/A)	TRS available through (QRSS/Sport Executive / no reimbursement)
Training days and dates	Times	Details	TRS provided (Yes/No/N/A)	TRS available through (QRSS/Sport Executive / no reimbursement)
Additional travel days and dates	Times	Details	TRS provided (Yes/No/N/A)	TRS available through (QRSS/Sport Executive / no reimbursement)



SECTION 3: Principal approval for Transfer of Duty*(To be completed by the School Principal)*

As the Principal of _____ (school), I confirm that the staff member listed in Section 1:

In my professional opinion:	Yes	No	N/A
has the capacity to undertake the official role to which they have been appointed.	<input type="checkbox"/>	<input type="checkbox"/>	
has valid Queensland College of Teachers Registration (teachers) that will remain current for the duration of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has valid Blue Card registration (non-teachers) that is linked to the school portal and will remain current for the duration of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has completed all required Student Protection and Mandatory Training and this will remain current for the duration of the event.	<input type="checkbox"/>	<input type="checkbox"/>	
has a First Aid /CPR Qualifications as listed in Section 1 and this will remain current for the duration of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has Coaching Qualifications as listed in Section 1 and this will remain current for the duration of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has Sport Trainer Qualifications as listed in Section 1 and this will remain current for the duration of the event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As the Principal:	Yes	No
I approve the transfer of duty for the staff member listed in Section A for the dates and times listed on this document to enable them to complete their official duties in connection with this activity.	<input type="checkbox"/>	<input type="checkbox"/>
I approve the use of their personal mobile phone for communicating with team members (students) and their parents as per Standard of Practice, Feb 2016 to enable them to complete their official duties in connection with this activity.	<input type="checkbox"/>	<input type="checkbox"/>

Principal / DoE Line Manager Approval	
Name <i>(please print)</i>	
	School
Signature	Date

Applicant to return completed and signed document to the responsible officer at that level of the pathway:

Name	Email

