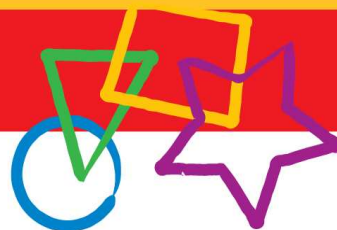


Early Childhood Teacher Scholarship 2012

Change of Employer Advice



Please complete this form for an *Early Childhood Teacher Scholarship* recipient who has commenced employment at your service and indicate the level of support for the individual to continue the scholarship. Please read the *Information for Employers* section of the *Early Childhood Teacher Scholarship Guidelines* (available from the DET website) prior to completing this form.

PRIVACY NOTICE: The Department of Education and Training is collecting your personal information in order to assess an *Early Childhood Teacher Scholarship* application. The information will only be accessed and used by authorised employees within the department. The information you provide in this report will be used by the Department to administer the scholarship program, assess the application, for verification and assessment purposes, and may involve the disclosure of some information to external agencies outside of the Department, such as the Queensland College of Teachers or Higher Education Institutions or persons or agencies mentioned in the application. Otherwise your information will not be disclosed to any other person or agency unless you have given us express permission or we are required by law. Personal information collected by the Department is handled in accordance with the [Information Privacy Act 2009](#).

Supporting Service Centre Details

Service Centre Name:			
Address:			
Employer Surname:		Given Names:	
Position Title:			
Telephone:		Mobile:	
Email:			
Does the service centre currently offer a kindergarten program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, does your service centre intend to offer a kindergarten program in the future?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Service Prospectus

Please attach a copy of the Service Prospectus or other documents which provide information about the educational programs offered.

Scholarship Recipient's Details

Surname:		Given Names:	
Position Title:			
Employment Status:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	<input type="checkbox"/> Temporary
Commencement Date:		Hours Worked Per Week:	

Please describe the scholarship holder's role within your service centre or attach a position description.

Employer Support for Scholarship Recipient

Please indicate your level of support for the scholarship holder's participation in the <i>Early Childhood Teacher Scholarship</i> program.	<input type="checkbox"/> Strong support <input type="checkbox"/> Moderate support <input type="checkbox"/> Not supported
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Please provide a short statement explaining your level of support.

