

Notice of Intention to Apply for Early Childhood Teacher Validation

Purpose of this form

If you wish to undertake validation this *Notice of Intention to Apply for Early Childhood Teacher Validation* form must be submitted to the Department of Education and Training (the Department) by **no later than 18 December 2020**. The form must be completed and signed by you. It must be certified by each of your employers confirming your identity, qualifications and eligibility to apply for validation.

If forged, altered, or falsified documents are submitted to the Department, your notice of intention will be rejected.

If this form is not completed correctly and/or appropriate documentation is not provided, processing of the form and your application may be delayed.

A copy of this form should be provided to your employer.

About Validation

The salary structure and salary progression requirements for early childhood teachers are specified in the Victorian early childhood education enterprise agreements: the Victorian Early Childhood Teachers and Educators Agreement 2016 (VECTEA) and the Early Childhood Education Employees Agreement 2016 (EEEA). This includes a process for salary progression involving an independent assessment to 'validate' or endorse reclassification from level 2 to level 3

To be eligible to apply for validation to progress from salary subdivision 2.5 to salary subdivision 3.1 you must:

- have undertaken 12 months service at level 2.5
- hold an approved four year degree qualification*
- have a minimum of 5 years of early childhood teaching experience
- satisfy the professional standards of the level 3 classification
- undertake the roles and responsibilities of a level 3 teacher.

If you submit your *Application for Early Childhood Teacher Validation* later than three months prior to your incremental anniversary date, reclassification and the associated salary adjustment shall be delayed by the same period assuming a successful validation assessment outcome. Since July 2020 there has been some uncertainty about the process for submitting a *Notice of Intention*. Any teacher who is able to provide evidence that they wished to submit a *Notice of Intention* between July to November 2020 should attach this evidence to their *Notice* setting out the date on which they intended to submit their *Notice*. The Department will consider the circumstances and provide advice to the teacher about the effective date of their *Notice of Intention*.

If you submit your *Application for Early Childhood Teacher Validation* after your incremental anniversary date, reclassification and salary adjustment will occur from the date on which the application was lodged assuming a successful validation assessment outcome.

The Application for Early Childhood Teacher Validation form is a separate template and will be forwarded to you on receipt of the completed Notice of Intention to Apply for Early Childhood Teacher Validation. The Application for Validation must be submitted no later than **28 February 2021** via kindergarten.funding@edumail.vic.gov.au. This is the final date on which an Application can be submitted and considered.

^{*} A teacher who holds a three (3) year qualification approved by ACECQA or VIT and was employed before 17 February 2006 is eligible to validate to level 3.

(PLEASE USE BLOCK LETTERS)

Personal Details		
Title	Dr Mr Mrs Ms Other:	
Gender	Male Female	
Given Names		
Family Name		
Address		
Suburb/City	State	
Daytime Telephone	Postcode	
Mobile		
Email Address		

Classification Details			
		Yes No No I	
		eligible to validate to level 3	
What is your Incremental Anniversary Date?		/ /Day Month Year	
What date do you intend to submit your application for validation?		Day Month Year	

Post Secondary or Higher Education Qualifications

Give details of **ALL** early childhood teacher post-secondary or higher education courses you have completed. If you have more than two (2) qualifications, attach a separate sheet giving the additional details.

Qualification 1

Qualification title:

Institution attended:

If you have a statement of equivalence* from Early Childhood Australia that
applies to your qualification, what is the date of the statement?

/ / Day Month Year

* Please supply a copy of the statement.

Qualification 2

Qualification title:

Institution attended:

If you have a statement of equivalence* from Early Childhood Australia that applies to your qualification, what is the date of the statement?

/___Day Month Year

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* Please supply a copy of the statement.

Service Provider Details

If you are employed by more than one service provider, complete a copy of the service provider details and declaration for each service provider.

Service Provider name	
Licensed Children's Service Name	
Licensed Children's Service Number	SE-
Workplace location address	

Applicant Declaration

You must read and sign this declaration

I declare that:

The Information I have supplied on this form is true and correct for the purposes of the early childhood teacher
 validation process

I undertake to inform the Department of Education and Training of any changes to my circumstances in writing (e.g. contact details) while my application is being considered.

I have read and understood the information supplied to me in this application.

Applicant Signature	
Date	/ / _Day Month Year

Service Provider* Declaration		
You must read and sign this declaration		
I declare that the information supplied in this form is true and correct for the purposes of the early childhood teacher validation process and that:		
I have received this Notice of Intention to Apply for Early Childhood Teacher Validation from		
(insert name of teacher)		
who is currently employed at (insert name of service)		
at salary classification level 2.5.		
I confirm that(insert name of teacher)		
has met the eligibility requirements* to apply for the validation process to proceed to salary classification level 3.1.		
I confirm that(insert name of teacher)		
has provided evidence of the qualification described on page 2.		
Service Provider name [please print]		
* Service Providers should consult VECTEEA 2016 and EEEA 2016 for detailed information regarding		

eligibility requirements.

Authorisation**	
Name of Authorised Person	
Position of Authorised Person	
Signature of Authorised Person	
Date	<u>/ / Day Month Year</u>
** Note: An authorised person of the service provider must sign this form. By signing this certification the signatory warrants that they are duly authorised to sign on behalf of the service	

provider

Service Provider Contact Details for Correspondence	
Name	
Address	
Telephone	
Email	

Submit Notice of Intention to Apply for Validation

Please retain a copy of this completed form for your records and submit it via:

Email to:

kindergarten.funding@edumail.vic.gov.au

An *Application for Validation* form will be sent to you by the Department following receipt of a completed *Notice of Intention to Apply for Validation* form.

Any questions?

Contact the Department of Education and Training

Email: kindergarten.funding@edumail.vic.gov.au

Privacy statement

The Department is committed to protecting the privacy, confidentiality and security of personal information. The Department, and all service providers funded by the Department, are required to comply with the Information Privacy Act 2000 and the Health Records Act 2001.

Security, retention and disclosure of personal information

All personal information collected on this form will be retained by the Department for the purposes of the validation process. Once the process has been completed, this form will be stored on record as supporting documentation for the application process.

Accessing information

You have a right to request access to, and to request correction of, the personal data in relation to your request. Requests to update information should be directed to the Department.