# APPLICATION FORM FOR CERTIFICATION IN CATHOLIC SPECIAL CHARACTER: FOUNDATION LEVEL

I apply for Certification according to the criteria in the *Handbook for Certification* for: Foundation Level: Catholic Special Character Religious Education

1. A. Title of course attended
   1. Date and location
   2. Total number of credit-hours
2. I have been a staff member in the following Catholic Schools for

...........................(e.g. 5 Years)

# Name and location of School:

**Years of Service: (e.g.1990-1993)**

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# Name:

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*(Please PRINT the name you want on your certificate)*

I have attended the required course for ‘Teachers New to Catholic Schools’ as described in *Handbook for Certification* page 11.

Signature: ..............................................................................................................

School: ...................................................................................................................

School address: .....................................................................................................

................................................................................................................................ Date: .............................

# Principal to complete

I ................................ Principal of School

verify that is currently employed at this school.

Signed: ............................................

Date: ...............................................

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# APPLICATION FORM FOR CERTIFICATION IN CATHOLIC SPECIAL CHARACTER: CLASSROOM LEVEL

I apply for Certification according to the criteria in the *Handbook for Certification* for Catholic Special Character: Classroom Level.

1. A. I enclose
   1. copies of my official Diocesan Certification Record which verifies courses and hours completed
   2. a Principal’s Recommendation Toward Certification form

B. Total number of credit-hours

1. I have been a staff member in the following Catholic Schools for

...........................(e.g. 5 Years)

# Name and location of School:

**Years of Service: (e.g.1990-1993)**

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# Name:

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*(Please PRINT the name you want on your certificate)*

I have met the requirements of NCRS-approved formation in Catholic Theology, Scripture, Spirituality and Catholic Special Character as outlined in the *Handbook for Certification* page 11.

Signature: ..............................................................................................................

School: ...................................................................................................................

School address: .....................................................................................................

................................................................................................................................ Date: .............................

# Principal to complete

I ................................ Principal of School

verify that has completed an appraisal process

appropriate to the above application, in accordance with the criteria set out in the

*Handbook for Certification* in Catholic Special Character. Signed: ............................................

Date: ...............................................

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# APPLICATION FORM FOR CERTIFICATION RELIGIOUS EDUCATION: CLASSROOM LEVEL

I apply for Certification according to the criteria in the *Handbook for Certification* for Religious Education: Classroom Level. Primary Secondary

1. A. I enclose:
   1. copies of my official Diocesan Certification Record which verifies courses and hours completed
   2. a Principal’s Recommendation Toward Certification form

B. Total number of credit-hours

1. I have taught the approved New Zealand National (Primary / Secondary) Religious Education Programme in the following Catholic Schools for

...........................(e.g. 5 Years)

# Name and location of School:

**Years of Service: (e.g. 1990-1993)**

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# Name:

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*(Please PRINT the name you want on your certificate)*

I have met the requirements in Catholic Theology, Scripture, Religious Education, Spirituality, Catholic Special Character and NCRS-approved Electives as outlined in the *Handbook for Certification* page 12.

Signature: ..............................................................................................................

School: ...................................................................................................................

School address: .....................................................................................................

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Date: .............................

# Principal to complete

I ................................ Principal of School

verify that .................................... has completed an appraisal process appropriate to the above application, in accordance with the criteria set out in the *Handbook for Certification* in Religious Education.

Signed: ........................................

Date: ...........................................

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# APPLICATION FORM FOR CERTIFICATION: LEADERSHIP LEVEL

I apply for Certification according to the criteria in the *Handbook for Certification* for the Leadership Level: Catholic Special Character Religious Education

1. A. I enclose:
   1. copies of my official Diocesan Certification Record which verifies courses and hours completed
   2. a Principal’s Recommendation Towards Certification form.

B. Total number of credit-hours

1. I have taught the approved New Zealand National (Primary / Secondary) Religious Education Programme OR I have provided support / leadership in the area of Catholic Special Character in the following Catholic Schools for

...........................(e.g. 5 Years)

# Name and location of School:

**Years of Service: (e.g.1990-1993)**

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# Name:

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*(Please PRINT the name you want on your certificate)*

I have met the requirements in Catholic Theology, Scripture, Spirituality, Catholic Special Character and/or Religious Education, and NCRS-approved Electives as outlined in the *Handbook for Certification* page 13.

Signature: ..............................................................................................................

School: ...................................................................................................................

School address: .....................................................................................................

................................................................................................................................ Date: .............................

# Principal to complete

I ................................ Principal of School

verify that .................................... has completed an appraisal process appropriate to the above application, in accordance with the criteria set out in the *Handbook for Certification* in Catholic Character or Religious Education.

Signed: ........................................

Date: ...........................................

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# APPLICATION FORM FOR CERTIFICATION: GRADUATE LEVEL

I apply for Certification according to the criteria in the *Handbook for Certification* for the Graduate Level: Catholic Special Character Religious Education

1. A. I enclose:
   1. a copy of my official Diocesan Certification Record which verifies courses and hours completed
   2. a copy of my graduate qualification / degree
   3. a Principal’s Recommendation Towards Certification form.

B. Total number of credit-hours

1. I have taught the approved New Zealand National (Primary / Secondary) Religious Education Programme OR I have provided support / leadership in the area of Catholic Special Character in the following Catholic Schools for

...........................(e.g. 5 Years)

# Name and location of School:

**Years of Service: (e.g.1990-1993)**

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# Name:

................................................................................................................................

*(Please PRINT the name you want on your certificate)*

I have met the requirements in Catholic Theology, Scripture, Spirituality, Religious Education and / or Catholic Special Character, and NCRS-approved Electives as outlined in the *Handbook for Certification* page 13.

Signature: ..............................................................................................................

School: ...................................................................................................................

School address: .....................................................................................................

................................................................................................................................ Date: .............................

# Principal to complete

I ................................ Principal of School

verify that has completed an appraisal process

appropriate to the above application, in accordance with the criteria set out in the

*Handbook for Certification* in Catholic Special Character or Religious Education. Signed: ........................................

Date: ...........................................

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**APPLICATION FORM FOR ENDORSEMENT OF CERTIFICATION**

Name:

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*(Please PRINT the name you want on your certificate)*

Signature: ....................................................................................................................

School: ........................................................................................................................

School address: ..........................................................................................................

Date: ..................................................

I apply for Endorsement of my Leadership / Graduate (circle one) Level Certificate according to the criteria in the *Handbook for Certification*.

Year of Certification:

Year of Last Endorsement:

1. A. I enclose:

A copy of my official Diocesan Certification Record that verifies courses and hours completed

B. Total number of credit-hours gained in previous three years

1. In the last three years I have taught the National Religious Education programme / provided Catholic Character Leadership in the following school(s).

|  |  |  |
| --- | --- | --- |
| Name of School | Location | Years of service |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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**PRINCIPAL'S RECOMMENDATION TOWARDS CERTIFICATION FOR SPECIAL CHARACTER**

Diocese of: ...................................................................................................

School: .........................................................................................................

Teacher: .....................................................................................................

Level of Certification being applied for: .......................................................

1. Contribution to the Special Character of your school -
2. Leadership and organisation of school and class liturgies, assemblies -
3. Leadership and contribution to staff prayer -
4. In what ways does this teacher present herself / himself as a role model in line with your school's Mission Statement?
5. General comments -

Principal’s Signature:...........................................................

Date: ..................................................................................

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# PRINCIPAL'S RECOMMENDATION

**TOWARDS CERTIFICATION FOR RELIGIOUS EDUCATION**

Diocese of: ...................................................................................................

School: .........................................................................................................

Teacher: .....................................................................................................

Level of Certification being applied for: .......................................................

RE lesson observation date: Enclosed

1. Contribution to the Special Character of your school -
2. Leadership and organisation of school and class liturgies, assemblies -
3. Leadership and contribution to staff prayer -
4. In what ways does this teacher present herself / himself as a role model in line with your school's Mission Statement?
5. General comments -

Principal’s Signature: ..........................................................

Date: ..................................................................................

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