

Student Teacher placement request form - Covenant Christian School

Many thanks for completing this form. This will make the organisation of a possible prac placement easier for us. Please send your request to admin@covenant.nsw.edu.au

Student Teacher Name: _____ Contact Number: _____

Student Teacher Email Address: _____

University or College Name: _____

University Contact Name: _____ Contact Number: _____

University Email Address: _____

KLA / Stage requested: _____

Start date of placement: _____

End date of placement: _____

Student teacher WWCC number? _____

Has the university verified the WWCC number? Yes No

(It is our understanding that it is the responsibility of the University to complete this before we will accept a teacher education student).

Teacher education student year at University? _____

Number of student teacher placements completed by this student? _____

Is the Student Teacher a Christian? Yes No

Name of Church: (if applicable) _____

Name of Minister: _____ Contact Number: _____

Why does this student want to complete a placement at Covenant Christian School?