



NATIONAL PROFESSIONAL STANDARDS COMMITTEE - MATHEMATICS

APPLICATION FORM FOR ACCREDITATION AS A HIGHLY ACCOMPLISHED TEACHER OF MATHEMATICS

PERSONAL DETAILS

Title Family Name Other name(s)

CONTACT DETAILS

Home Address:

Home Phone No:

Mobile Number:

Home Email:

Name of Workplace:

Work Address:

Work Phone no.:

Work Fax:

Work Email:

Preferred contact details (tick one): Home Work

Teacher Registration/Serial Number (if applicable):

I confirm my membership of AAMT by virtue of my membership of:

TEACHING AND ACADEMIC QUALIFICATIONS

Qualification	Institution	Year/s

(PLEASE ATTACH CERTIFIED COPIES OF RELEVANT TRANSCRIPTS)

Briefly describe the mathematics/mathematics education components of each qualification:

RECENT TEACHING HISTORY

Year	Institution	Mathematics Classes taught
2007		
2006		
2005		
2004		
2003		

Significant relevant Professional development and other activities undertaken in the last 5 years

AREA OF EXPERTISE

Nominate the broad level of schooling on which you wish to undertake your Written Assessment (tick appropriate box):

- | | |
|--|--|
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Secondary, to Year 10 | <input type="checkbox"/> Secondary, post year 10 |

DECLARATION BY APPLICANT

I declare that the information included is true and accurate. I have included the Initial Fee of \$150 (including \$20 non-refundable processing fee).

I understand that the 3-hour Written Assessment will need to be completed within 4 weeks of notification of acceptance by the Coordinating Assessor.

SIGNATURE:

DATE:

ENDORSEMENT BY PRINCIPAL

I support the application of my staff member to be assessed for the award of Highly Accomplished Teacher of Mathematics.

I certify that, to the best of my knowledge, the information provided by the applicant is true and accurate.

I understand that if this application is accepted, then the 3-hour Written Assessment will be sent to me and I will arrange for the applicant to complete this Assessment under normal examination conditions (i.e. without any form of written or verbal assistance except the AAMT *Standards* document).

PRINCIPAL'S NAME:

SIGNATURE:

DATE: