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|  | **Nomination form**P–10 Australian Curriculum working group  |

*Please complete all sections of the form*

**Before nominating please ensure you have the support of your principal or supervisor**

**Your details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | [Click & enter text] | Family name | [Click & enter text] |
| Given name(s) | [Click & enter text] |
| Position | [Click & enter text] |
| School/Institution | [Click & enter text] |
| Telephone | [Click & enter text] | Work | [Click & enter text] | Mobile | [Click & enter text] |
| Email | [Click & enter text] |
| Postal address | [Click & enter text] |

**Identify which working group you are interesting in joining**

|  |  |  |
| --- | --- | --- |
| [ ]  P–2 working group | [ ]  3–6 working group | [ ]  7–10 working group |

**Please provide a brief outline of your experience in implementing the Australian Curriculum in Queensland. Ensure you refer to any relevant learning areas/subjects and year levels.**

[Click & enter text]

**Please state why being on a working group is of interest to you.**

[Click & enter text]

**Please provide your principal or supervisor’s details**

|  |  |
| --- | --- |
| Principal or supervisor name | [Click & enter text] |
| Principal or supervisor email | [Click & enter text] |

**Please return this form to:**

Email: australiancurriculum@qcaa.qld.edu.au

Attention: Theo Clark