

Independent Primary School Heads of Australia Ltd. ACN 059 221 877 ABN 31 059 221 877

**FEDERAL** 

IPSHA Membership Questionnaire – to be completed by person in charge of Primary or Middle School							
APPLICANT - GENERAL INFORMATION							
Title: Surname:		Given Name:					
Position Held:			Phone:				
Email:			Mobile:				
QUALIFICATIONS (Please list degrees, diplomas, certificates etc)							
EMPLOYMENT HISTORY (Scho	ools & Institutions/p	ositions he	eld/date commenc	ed & concluded)			
MEMBER	SHIP OF PROFESS	SIONAL ASS	SOCIATIONS				
APPLICANT'S SCHOOL - GENERAL INFORMATION							
School Name:			Description:				
School Postal Address:							
Suburb/Town:	State:	State:		Postcode:			
School Street Address: (if different from above)							
Suburb/Town:	State:	State:		Postcode:			
Fax:	Website	Website URL:					
ADDITIONAL SCHOOL INFORMATION							
Grade Range:	tion/campus of school for which applicant is responsible)  Points of Entry:						
Enrolment Pattern: (eg Co-ed from P-3 then g	girls only) Total St	udents:	Number Boys:	Number Girls:			
Enrolment Enquiries: (position title rather than name of person)							
Senior School: (if school is part of a K-12 school, please provide the name of the Head of the school, and address if different to above)							



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PROPOSAL FOR IPSHA MEMBERSHIP						
I, wish to be considered for membership of IPSHA Ltd and I hereby furnish a proposer and seconder to support my application.						
Date:	Signature:					
PROPOSER INFORMATION						
Proposer's Name:						
School:						
Date:	Signature:					
	SECONDER INFORMATION					
Seconder's Name:						
School:						
Date:	Signature:					
Proposer and Seconder must be active and financial members of IPSHA Ltd.						
Statement by School Principal (K-12) or Chairman of the School Board (stand alone primary school)						
I understand that IPSHA Ltd is an association providing networks, informed views and professional development opportunities for its members. I support the application of and in doing so will facilitate attendance at state branch IPSHA meetings and conferences as held from time to time.						
Name:		Position:				
Date:		Signature:				
PRIVACY & CONSENT						
I consent to IPSHA using an image of me on the website in the Members' Directory. I also consent to this image, as well as others that are taken of me from time to time during Federal and State IPSHA events, to appear in IPSHA promotional material, both in hard and soft copy, as well as on the website – including the bi-annual Federal eLink publications.						
Date:	Signature:					
I consent to information contained in this application being supplied to the relevant State Branch Archivist for the purposes of updating and maintaining IPSHA state archives.						
Date:	Sig	nature:				

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IPSHA Membership Questionnaire – Exemplar							
APPLICANT - GENERAL INFORMATION							
Title: Mr	Surname: Hine	Giv	Given Name: David				
Position Held: Head of Junior School				Phone: (08) 8404 0400			
Email: dhine@stpeters.sa.edu.au				Mobile: 0000 000 000			
QUALIFICATIONS (Please list degrees, diplomas, certificates etc)							
xxxxxxxx							
XXXXXXXX							
EMPLOY	MENT HISTORY (Schools & Insti	itutions/positi	ons hel	ld/date commence	ed & concluded)		
xxxxxxxxx							
XXXXXXXX							
xxxxxxxx							
	MEMBERSHIP OF P	PROFESSION	AL ASS	OCIATIONS			
xxxxxxxx							
XXXXXXXX							
APPLICANT'S SCHOOL - GENERAL INFORMATION							
School Name: St Peter's College			Description: Anglican Boys' School				
School Postal Address: Hackney Road							
Suburb/Town: S	t Peters	State: SA		Postcode: 5069			
School Street Address: (if different from above) As Above							
Suburb/Town:		State:			Postcode:		
Fax: (08) 8404	0401	Website URL: www.stpeters.sa.edu.au		1			
ADDITIONAL SCHOOL INFORMATION							
(regarding section/campus of school for which applicant is responsible)							
Grade Range: I	=LC - Year /	Points of Entry: Reception, Year 5					
Enrolment Patte Boys only	rn: (eg Co-ed from P-3 then girls only)	Total Studen 384	ts:	Number Boys: 384	Number Girls:		
Enrolment Enquiries: (position title rather than name of person) Registrar							
Senior School: (if school is part of a K-12 school, please provide the name of the Head of the school, and address if different to above)  Mr Simon Murray - Headmaster							